

Inc. №:					
Application-declaration					
From:					
	(name, surn	ame, last na	me)		
Address:		Province	:		
Phone number:		Email ad	ldress:		
Municipality:		neighboi	hood:		
str.	Nº	bl.	entrance.	ар.	
Name/surname: PIN: Details of the schoo	I the child attended before being admi	tted to the	private school:		
Details of the private	e school for which sponsorship is soug	ght:			
Amount requested for	or sponsorship per school year		BGN.		
Why I chose this pa	rticular private school for my child:				
	(set out in free to	ext the reaso	ns for your choice)		
	1.1-	alawa.			
Details of the other	r parent/ representative:	clare:			
Personal data	Parent/declarator	S	Second parent		
Name					
Surname					

Last name



PIN				
Marital status				
ID №, issued on:				
Address				
Social group	Employed	Unemployed	Employed	Unemployed
	Subject to social insurance	Unsecured	Subject to social insurance	Unsecured
	Pensioner	Student	Pensioner	Student
	others		others	

2. My family has/does not have any children under the age of 18 who are not married

Name, surname, last name	PIN	Atter scho		State	school		Il state idence	Health status
1.		Yes	No	Yes	No	Yes	No	
2.		Yes	No	Yes	No	Yes	No	
3.		Yes	No	Yes	No	Yes	No	
4.		Yes	No	Yes	No	Yes	No	

I live with the following persons:

	Name, surname, last name	Address	Relationship to the declarant	PIN	ID №, issued on:
1.					
2.					
3.					
4.					



3. Persons legally obliged to provide maintenance (of the child applying for sponsorship)

Name, surname, last name	Address	Relationship to the declarant	ID №, issued on:
1.			
2.			

My family's income in the previous month was:

Total:	BGN
Including:	
1. Labour activity	BGN
2. Agricultural, forestry and water management activities	BGN
3. Sales and/or exchange of movable and immovable property	BGN
4. Income from shares/bonds and other participations in companies and other forms of ownership	BGN
5. Rent and lease	BGN
6 . Royalties and license fees	BGN
7. Prizes and awards from competitions	BGN
8. Child and/or integration allowances paid by the Social Insurance Institution	BGN
9. Pension	BGN
9.1. Disability	BGN
9.2. Age	BGN
9.3. Successor pension	BGN
10. Support	BGN
11. Other income	BGN



otal Sq. metres	Containsrooms	persons live in the dw	
The apartment is owned by:			
own	state	municipalit	y
rent	Do not poses	relatives	
is the sole dwelling for my family		Yes	No
I and my family members own	the following other immovable and	movable prog	pertv:
Residential property	Yesnumber	No	
Villa	Yes number	No	
_and	Yesnumber	No	
Car	Yes Brand / model Year of manufacture	No	
Other property:	Total of managed and managed a		
B. I and my family members have and/or ideal parts thereof in the I	not made any transfer for consider ast 5 years.:	ration (sale) o	f immovable property
	Yes	No	
	the property transferred:		
	e not made a transfer by contract perties and/or their ideal parts in the	e last 5 years	:
ives please indicate the value of	Yes	No	
	the property transferred:areholder in a trading company.		
	Yes company and explain the capacity yo	No	



		elf, the child for whom we are applying parties is true, accurate and provided		
	Yes	No		
the child for whom we are appl profit public benefit association private school education under protection of personal data and data provided by me will be desponsorship was received. In t	lying for assistance, will be collecton "School for Every Child" for the rather that terms and conditions guarant the current Bulgarian legislation eleted within 5 years from the year he event of a refusal to provide specific that is the second of the se	ne, including social data about me and ted, processed and stored by the non-purpose of providing sponsorship for teed by EU Regulation 2016/679 on the n. I agree that the personal and health ar following the year in which the last consorship, it will be deleted within 30 cision refusing to sponsor the training.		
	Yes	No		
child for whom we are applying processing and/or stored to/by interest of the Non-profit Associated between the Associated by me solely for the storage will be carried out in	g for sponsorship for education in y third parties, including Sponsor ociation for Public Benefit "Scho ciation and the third party, as we purpose of providing sponsorsh	e, including health data for me and the a private school, may be provided for s/Donors on the basis of a legitimate pol for Every Child" under a contract well as in cases of informed consent hip, and that their provision, use and limits provided for in Regulation (EU) ation.		
	Yes	No		
of Interior, investigative authorities	s, etc. in the cases provided by law d information and documents, this	sion of information from the Ministry w, in which the Association is obliged s does not constitute a violation of the		
	Yes	No		
about the child and the spons	sorship made on paper and/or ele	ormation (name, address, age, gender) ectronic media, including website and s donation initiatives and promotional		
	Yes	No		
16. I declare that I am familiar with the Privacy Policy of the Non-Profit Public Benefit Association "School for Every Child", the content of which has been explained to me in detail, as well as the possibilities, procedure and manner of exercising my rights for the protection of personal data.				
	Yes	No		



documents listed/mar - A copy of the birth certificate from the p school year.	ked by me below: ficate of the child in need; ands of myself and the other usehold income in the last 6	parent/carer/guardian o months; has been approved to l	f the child; be enrolled for the/
that I owe repayment	of the sponsorship receive ether with interest for late pa	ed on the basis of false ayment under the CPA.	e for declaring false facts and information provided in this
	Yes	No	
Date:		Declarator:	
	Parent/guardian/c	ustodian of the child:	
The Application-declaration	on has been received and veri	fied by:	
		Name, last name and sig	gnature of the officer