



HOBBY SUPPORT APPLICATION

Hobby support for under 18-year-old children

CHILD'S INFORMATION (for whom the support is applied for)

Name

(Phone number)

Address

(Email address)

Postal code and locality

Mother tongue

Date of birth (dd/mm/yyyy)

Gender

What kind of hobby are you applying for support for?

The type of the hobby (e.g., sports, music)	The year the hobby started	Organizer of the hobby (e.g. club/school name)

More detailed information about the hobby (which hobby, why it is important for the child, etc.)

Annual cost of the hobby

Hobby expenses	Clarification (short description, e.g. for which instruments support is applied for)	Costs €
Monthly fee		
Season fee fall		
Season fee spring		
Hourly fee		
Equipment fee		
Camp fee		
Tournament fee		
Insurance fee		
Travel expenses		
Other expenses		
Total expenses		

How much support is applied for in total

€

Here you can provide additional information regarding the costs for which support is applied for

GUARDIAN INFORMATION

Name

Phone number

Address, if different from the applicant's

E-mail address

Mother tongue / Language skills

The family's financial situation is/are made more difficult by

- ☐ guardian's unemployment
- ☐ a long-term or permanent disablement of the guardian
- ☐ sole custody
- ☐ another situation that poses financial challenges, what?

The number of dependent children in the household

The number of adults living in the household

Combined net income of the family's guardians/month €

(monthly income after taxation, which can consist of salary income, self-employment income, grants that secure a living granted by KELA, pensions, etc.)

- ☐ Under 1500
- ☐ 1500 - 2000
- ☐ 2001 - 2500
- ☐ 2501 - 3000
- ☐ 3001 - 3500
- ☐ 3501 - 4000
- ☐ 4001 - 4500
- ☐ 4501 - 5000
- ☐ Over 5000

Has aid been applied for or received from elsewhere to support the child's hobbies for the current season? (Where has the aid been received or applied for and how much?)

What would the support mean to your family?

If you wish, you can submit additional information clarifying the need for support with the application or e.g., a statement or recommendation from an external party as a separate attachment.

Providing incorrect information can lead to the recovery of the grant.

Approval

We give permission that, if necessary, the application can be forwarded to another Save the Children local association located in our area, regional office or central office for processing the application.

☐ Yes

☐ No

☐ I give my permission to the Save the Children local association to also process personal data belonging to special personal data groups (sensitive information) (Article 9 of the EU Data Protection Regulation), if I have reported those in the application.

☐ You can send me information about other Save the Children support forms as well as occasions and events. Approval is revocable.

By providing the information in the form, I agree that the information will be added and processed in the register of the Eväitä Elämälle -programme in the Save the Children local association. More information on the processing of personal data and the rights of the subject of the data can be found in the privacy statement of the local association's Eväitä Elämälle -programme register, which can be found on the local association's website. The register information is only used for the purpose for which it was given to the association.

☐ I assure that the information I have provided in the application is correct.

Date (day/month/year)

Guardian's name

Child's name (if the child is over 15 years old)

Send the application to the local association of Save the Children, participating in the Eväitä Elämälle -programme. You can find the contact information for local associations on their own websites (locality name.pelastakalapset.fi). You can also get more information about application deadlines and the availability of grants for the Eväitä Elämälle -programme from the local association.