



COVID SOCIAL AID FILE - UPMD

(ATTENTION, this aid is reserved for families whose children are enrolled at LFI Duras).

FOR UPMD USE ONLY	UPMD ID :	
DATE OF RECEIPT OF THE APPLICATION:		
DECISION OF UPMD SOCIAL COMMISSION:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> REJECTED
AID GRANTED OR REASON FOR REFUSAL:		
Date:		
Signature of person in charge:		

INFORMATION REGARDING THE APPLICANT		
Surname:	First name:	DOB:
NUMIC (only for French students)	Nationality:	
Address:		
Number of dependent children:	Age(s):	Nationality :
Your child's class(es):		
Family situation:		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabitation <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		

Telephon:	E-mail:
------------------	----------------

Your full bank details (for bank transfer):

TYPE OF AID

Vouchers at:

Mega Market

 Co.op Food
 Co.op Xtra

 HTV Co.op
 Cửa Hàng Bến Thành

Financial participation to:

Medical care

 Purchase of IT equipment
 Purchase of school supplies

 Bill payment
 Other (please specify)

REASON FOR THE APPLICATION (Explain how COVID has changed your situation):

The reason(s) for my application is/are the following:

TO BE COMPLETED BY APPLICANT	
INCOME	MONTHLY
Applicant's salary	
Spouse's salary (marriage, cohabitation...)	
Amount of social benefits (if any)	
Property income (Vietnam, France, other)	

School grants (quota and amount)	
Maintenance income	
Disability pension	
Other income (aid from family, ...)	
Other benefits in kind (free accommodation, etc.)	
TOTAL INCOME:	

EXPENSES	MONTHLY
Rent + charges	
Mortgage payment	
Other charges utilities	
Tax charges (income tax, various taxes, etc.)	
Maintenance payments	
School fees - Boarding fees - Canteen - Transport	
Contributions (health insurance, etc)	
Consumer loan repayment	
TOTAL EXPENSES:	

Your data will be strictly reserved for the use of the UPMD Social and Scholarship Commission, which has signed a confidentiality agreement. We are committed to protecting your personal information, which can be rectified or deleted at any time.

I, the undersigned.....certify on honour the accuracy of the above information.

Date :

Signature(s)