
Application for a subsidy for children's sports activities

Season 2025-2026

1. Information about the child's legal representative (mother, father, guardian)

Last Name: _____

First Name: _____

Matricule: _____

Address: _____

Telephone: _____

E-mail: _____

2. Details of beneficiary child (under 18 years old)

Child's last name: _____

Child's first name: _____

Child's date of birth: ____ / ____ / ____

National ID number (Matricule): ____ _

3. Information about the sports club

Name of the club: _____

Sports practised: _____

Club address: _____

Contact of club representative (optional): _____

4. Registration fees

Total registration fee : _____ € (max. 150 €)



5. The application must be accompanied by the following mandatory supporting documents:

- Proof of registration with a sports club (invoice with proof of payment)
- Proof of receipt of the Cost-of-Living benefit (if applicable)

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- Certificate from the Social Welfare Office confirming entitlement to the subsidy for children's sports activities
- Bank details of the parent / guardian

6. Declaration by the applicant

I, the undersigned, _____ hereby declare that all information provided is accurate and complete. I understand that providing false information may result in the refusal of the subsidy or a request for reimbursement of any subsidy paid.*

Date : ____ / ____ / ____

Signature : _____

The deadline for submitting the application: 15.03.2027

* The applicant certifies that all information provided is true and complete to the best of their knowledge. Any incomplete or inaccurate application will not be considered. Any unduly received subsidies must be repaid. By signing this application form, the applicant explicitly authorises the Social Office of Dudelange and the City of Dudelange to use the data contained within it for the purpose of processing the application, in accordance with the applicable legal and regulatory provisions. Further information can be found in the privacy notice. <http://www.dudelange.lu/fr/Pages/Notice-legale.aspx>. Contact person: dpo@dudelange.lu.

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- Complete application: Yes / No
- Eligible: Yes / No
- Amount granted: _____ € (max. 150 €)
- Observations : _____

Date : ____ / ____ / ____

The officer's name and signature: _____