

Application for a grant from Uppsala pastorate's

Information sheet for summer gift 2023

Svenska kyrkan 
UPPSALA

It is now possible to apply for the Summer Pass to Fyrishov and Gottsundabadet for the summer of 2023. During week 24, you will be notified by post whether you have been granted or not.

The gift does not affect income support.

The Church of Sweden in Uppsala protects your integrity. Information about our processing of personal data can be read at [svenskakyrkan.se/uppsala/gdpr](https://svenskakyrkan.se/ uppsala/gdpr)

Applicants must:

- live within Uppsala pastorate (the following parishes: Uppsala domkyrko-, Gamla Uppsala, Gottsunda, Helga Trefaldighet, Vaksala)
- be a custodial parent with dependent children, aged 4–19 (born 2004–2019)
- be on income support or have a low income
- Attach a certificate of income support/sickness benefits or salary statement (for both custodial parents in the household if there are two of you). Bank statements are not accepted.

Application period: 2–31 May, 2023

The application is submitted by regular postal service and must have been received no later than May 31, 2023

Note! Send it in good time.

The application is sent to:

"Sommarpasset"
Uppsala astorat
Box 897
751 08 Uppsala

Questions and other information:

Phone: 018-430 35 00 (exchange), ask for Sommarpasset.

**The application must be completely filled in, in order for it to be processed.
Attach an appendix and send it by regular postal service.**

Note! Keep this page!

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Application form summer gift 2023

PLEASE TEXT CLEARLY

I AM APPLYING FOR SWIM PASS FOR:

Custodial parents (over 18 years) Number of _____

Youth (16–19 years) Number of _____

Barn (4–15 years) Number of _____

Children under the age of 4 swim for free. Age is counted from the child's day of birth.

APPLICANT'S PERSONAL DATA

Name _____ National registration number _____

Address _____

Postal address _____

Phone _____

If you are two custodial parents in the household, fill in the name and national registration number of the other custodial parent:

Name _____ National registration number _____

NUMBER OF CHILDREN IN THE HOUSEHOLD AGED 4-19

Name _____ Date of birth (year, month day) _____

Name _____ Date of birth (year, month day) _____

Name _____ Date of birth (year, month day) _____

Name _____ Date of birth (year, month day) _____

Name _____ Date of birth (year, month day) _____

TOTAL HOUSEHOLD INCOME PER MONTH

Salary/income support/sickness benefits or other SEK/month: _____

Important information from Fyrishov:

Children and young people unaccompanied by an adult must be 12 years of age, capacity to swim 200 metres and understand rules and oral safety instructions at the facility. Alternatively, an accompanying adult who can swim must be present (over 18 years of age). The adult is responsible for children throughout the visit and must be suited for swimming. Maximum of 3 children per responsible adult. In order to be able to pick up the Summer Pass, you will have to sign an agreement in place stating that you have understood the rules. Youngsters under the age of 18, a custodial parent needs to sign.

I understand and approve the information from Fyrishov

Date _____ Signature _____

Note! Don't forget to attach a certificate of income support/sickness benefits or salary statement (for both custodial parents if there are two of you).