



# ORPHANS IN NEED PROJECT APPLICATION FORM (A1)

Name of Orphanage institution :.....

Year of Registration :..... Reg. No. :.....

District :..... Region :.....

Postal & Residential Address :.....

Specific location ( Attach a Sketch ) :.....

Contacts :..... Cell # :.....

Email: ..... website :.....

Number of Adopted Children:.....Number of Gender: Male :..... Female :.....

Number In Age Specifications: 0-5 yrs :..... 5-10 yrs :..... 10-15 yrs :..... 15-20 ;.....

Educational Classification: Nursery :..... :KG..... Primary :..... JHS :..... SHS :.....

Educational Scholarship (if any) : Yes :  No :  ( if Yes, specify ) :.....

Medical: Number of Orphans covered by NHIS :.....

DECLARATION ( to be signed by proprirtor or owner ) :

I / We,..... confirm that the Information given is true and complete. I / We authorized you to make other enquiries in accordance with your normal procedures in connection with this application. Any Information given by you in this application and in our dealings with you will be bond by the privacy terms of The Christian Awards Trust. You and the Trust may use the Information for assesments and analysis so as to improve and better protect our interest and services for the project.

Signed :.....  
(Orphanage home)

Endorsed By :.....  
(Project manager For CAT)

Date :.....

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