

Application for Kafarhata Aid

Date: _____

1. Personal Information

- a. Student Applicant Full Name:
- b. Place & date of Birth:

2. Profession status of the father/Mother

- a. Job Description :
- b. Employer :
- c. Yearly income :
- d. Other sources of income:
- e. Please explain in case unemployed:

3. Family Status

- a. Father's Name: Job :
- b. Mother's Name: Job :
- c. No. of children:

4. Education:

- a. Provide Current Year information for all dependent children including student applicant

Name	Name of school Or college	Major & Year or Current grade	Average Grade	Cost of school Or college	Source of money

- b. Provide Next Year information for all dependent children including student applicant

Name	Name of school Or college	Major & Year or Current grade	Cost of school Or college	Source of Money

5. Is there's anybody of your family who is

- a. Widow :
- b. Sick : Type of Disease
- c. Unable to work : Reason

6. Financial Status of the family:
- a. Yearly incomeUS\$
 - b. Sources of income
 - c. No. of cars :
 - d. No. of mobile phones:
 - e. Home ownership:

7. *List Fixed Monthly Expenses:*

Description	Amount	Paid to	End Date	Source of Money
<i>House installment</i>				
<i>Rent</i>				
<i>Car payment</i>				
<i>Other (Specify)</i>				

8. Reason of application :

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Conditions:

1. Only one application should be submitted per family.
2. In case any information is found inaccurate, the application will be rejected.
3. Applicant is required to provide additional information if needed.
4. Application should be sent before August 15th by email: kfarhataaid@hotmail.com or by fax to + 971 2 6273399.

Applicant Signature

Parent's Signature