

THE CORINTHIANS HELP FOUNDATION WIDOWS SPONSORSHIP APPLICATION FORM

Instructions:

Please print clearly the following information. Return completed application by sending scanned application to the email address on the web site.

If this form is incomplete, inaccurate, or not signed, it will not be considered.

Town & State:

Country:

A. Parents Information

Name in Full: First name Surname

Occupation:

Address (Number & Street):

Telephone No.:

Town & State:

Country:

Email address:

Date of bereavement of husband/wife:

No of children:

B. Funding

1. Have you asked any other organisation/person for funding for this or any other purpose? Yes | No

If yes, please state the Date / Trust / Purpose / How much you applied for / and Outcome.

2. How have you been sustaining yourself and children?

3. How much does your present job/business give you every month?

I declare that the information provided in this application is true and correct to the best of my knowledge.

Full name *(in capital)* _____

Signature _____

Date _____