FRIENDS OF KUMI HOSPITAL
Children's Education Grant
Application Form

1) APPLICANT STAFF INFORMATION

Applicant Name _____ Age _____

Applicant Job Title _____ Monthly Salary _____

Time worked at Kumi Hospital (Years & Months) _____

Human Resources Manager Approval (stamp & signature, plus any recommendations)

2) HUSBAND / WIFE / PARTNER INFORMATION

Are you: Married / Living with a partner / Single (Please circle)

If you have circled married or living with a partner, please complete the following information. If you have circled single, please move on to section 3.

Spouse / Partner's Name _____

Please tick the appropriate box:

Is your spouse / partner: Working at Kumi Hospital   [   ]
                              Working somewhere else   [   ]
                              Unemployed   [   ]

Spouse / Partner's Job Title _____ Monthly Salary _____

3) FAMILY INFORMATION

How many children do you have? _____ Total <18 Years: _____

How many other children, in addition to own, are you funding for education? _____

For both your children and others you are funding for, at what level of education are they?

Total in Primary School _____ Total in Secondary School _____ Total at University _____

4) PERSONAL STATEMENT

Please state in your own words why you are applying for a grant for your children school fees and why you believe it should be awarded to you in particular:

5) FINANCIAL INFORMATION

Please fill in as much as you can, as an estimate of your monthly financial breakdown for your household, adding in any other categories relevant to you that might not have been mentioned.

INCOME DECRIPTION	AMOUNT (UGX)	EXPENDITURE DESCRIPTION	AMOUNT (UGX)
Salaries		Accommodation	
Loan		Electricity / Gas	
		Food	
		Household items	
		Clothing	
		Medical	
		Children's School Fees	

6) CHILD / SCHOOL INFORMATION

Child's Name (whose education the grant will fund)_____

Child's Age _____ School Year _____ School Name _____

School's Address _____

School Contact Number _____ Head Teacher Name _____

School Fees per Semester _____ UGX

Applicant Signature _____ Date _____

FOR COMPLETION BY CHARITY TRUSTEES ONLY:

Application successful   Yes [   ]   No [   ]   Reference _____

Signature	**Date**	**Amount Awarded (UGX)**