

**APPLICATION FORM 2 - Individuals**

**SECTION 1:**

**Personal Details (Tick appropriate boxes where appropriate)**

**Applicant: Parent Guardian** 

**Surname:** ……………………………………………….......... **Names**: ………………………………………………………

**NIN:** …………………………………………**Telephone** :………………………… **Email:** …………………………………………

**Address:** …………………………………………………………… **District:** ………………………………………………………

**Marital status: (**Please tick as appropriate)

Single Married In a relationship Separated Divorced Widow (er)

**Number of Children: …………… (Please indicate as appropriate)**

 In Household Below 18 years old Above 18 years old 

**Details of monthly income:**

**Personal**: …………………………………….  **Spouse/Partner**: ……………………………………………………………….

**Monthly personal and household expenditure** (Approx.)……………………………………………………………

**Employment Status: (Please tick as appropriate)**

Full time Employment Casual Worker Part-time Work Unemployed

Self-employed

Employing Organization: (If applicable) ………………………………………………………………………………………

**SECTION 2:**

**Particulars of request: (tick as appropriate)**

EducationHealth Others 

**Please provide explanation for the request:**

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**Indicate if you have sought assistance from other Ministries/Agencies** Yes No 

If yes, provide name of ministries/agencies

…………………………………………………………………………………………………………………………………………………….

If No, Explain

…………………………………………………………………………………………………………………………………………………….

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Please provide necessary documents as appropriate in support of request

**SECTION 3: Beneficiary (Provide details of (child/children) for assistance under the CSF[[1]](#footnote-1)**

Child 1: Surname: ………………………………… Child 2: Surname …………………………………….

Names: ………………………………………………… Names: …………………………………………………….

NIN: …………………………………………………….. NIN: …………..................................................

D.O.B: ……………………………………………………. D.O.B: ………………………………………………………

 Living In Living with Relatives Living In Living with Relatives

**Physical Address:** ……………………………………… **Physical Address:** …………………………………….

District: …………………………………………………… District: …………………………………………………….

School: ……………………………………………………… School: ………………………………………………………

Class: …………………………………………………………. Class: …………………………………………………………

**Signature of Applicant**: ……………………………………… **Date**: ………………………………………………

**ADVISORY:** (*In the event that the Board has knowledge of or receives information that applicant has not made frank and truthful disclosure, the Board reserves the right not to approve the application for assistance under the Children Special Fund)*

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**Please return completed form to: Children Special Fund Secretariat,**

**Room 202,**

**Second Floor Unity House, Block C**

1. In the event that there are additional children, request and Annex Form from CSF [↑](#footnote-ref-1)