THE SAFETY NET INITIATIVE LTD

It Takes A Whole Village To Raise A Child ...

APPLICATION ***FORM***

NAME: ……..D.O.B……

PARENT/GUARDIAN (for under 18's)…….

ADDRESS: ……..
……..
TELEPHONE: ……

STUDENT I.D: …….

COURSE TITLE: ……
FULL TIME [ ]……**PART TIME** [ ]
COURSE STARTS ……. …….. **COURSE ENDS** ……

PLACE OF STUDY: …….

ASSISTANCE REQUIRED for:

Travel expenses	**[ ]**
Books	**[ ]**
Clothing	**[ ]**
Food	**[ ]**
Other (specify)	**[ ]……**

Amount Requested: …….

What are your aspirations after Course is completed?

I ……(print name).give permission for the College/University to confirm my Study details, Attendance and Punctuality.

Signed

Print Name