



# APPLICATION FORM

## SECTION A: ORPHAN DETAILS

**Full names:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **date of birth** \_\_\_/\_\_\_/20\_\_

**Gender:**  male  female **Religion:** \_\_\_\_\_

**residence:** \_\_\_\_\_ **no of brothers** \_\_\_ **sisters** \_\_\_

## SECTION B: ACADAMIC DETAILS

### A. EDUCATION LEVEL

**SCHOOL:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**MADRASA:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

### B. QURAAN MEMORIZATION

**HOW MANY JUZUUS** \_\_\_\_\_ **/ SURAHS:** \_\_\_\_\_

### C. ARABIC PROFICIENCY

**CAN READ ARABIC YES**  **NO**

**CAN WRITE ARABIC YES**  **NO**

**CAN SPEAK ARABIC YES**  **NO**

## SECTION C: PARENTS DETAILS

**Father's Full names:** \_\_\_\_\_

**Date of Death** \_\_\_/\_\_\_/20\_\_ **Religion:** \_\_\_\_\_

**Mother's Full names(if deceased):** \_\_\_\_\_

**Date of Death** \_\_\_/\_\_\_/20\_\_ **Religion:** \_\_\_\_\_

## SECTION C: GUARDIAN DETAILS

Guardians full names: \_\_\_\_\_

Age: \_\_\_\_\_ place of birth: \_\_\_\_\_ id no: \_\_\_\_\_

Religion: \_\_\_\_\_ relation to orphan: \_\_\_\_\_

occupation: \_\_\_\_\_ place of work: \_\_\_\_\_

residential area: \_\_\_\_\_ telephone 1: \_\_\_\_\_

telephone 2 (next of kin): \_\_\_\_\_ p.o.box: \_\_\_\_\_

Postal code: \_\_\_\_\_ Town: \_\_\_\_\_

Email address: \_\_\_\_\_

## REQUIREMENTS TO APPLY FOR SPONSORSHIP

please find listed below a check list of requirements when applying for sponsorship of an orphan;-

1	MUST BE MUSLM ORPHAN
2	AGE MUST BELOW 13YRS
3	<ul style="list-style-type: none"><li>• NAMES OF THE MOTHER (FULL NAMES)</li><li>• CURRENT LOCATION OF THE ORPHAN</li><li>• PHYSICAL ADDRESS OF THE ORPHAN</li><li>• CONTACT NUMBER OF THE ORPHAN</li></ul>
4	ATTACHMENTS: <ul style="list-style-type: none"><li>• DEATH CERTIFICATE OF THE FARTHER OR EQUIVALENT FROM THE COURTS.</li><li>• ORPHAN BIRTH CERTIFICATE OR PASPORT SHOWING DATE OF BIRTH</li><li>• GUARDIAN PASPORT OR IDENTIFICATION CARD</li></ul>
5	RECENT COLORED PHOTO OF THE ORPHAN (FULL) DRESED
6	SCHOOL /MADRASAH REPORT CARD (MUST BE CLER)
7	CURRENT MEDICAL REPORT
8	MECOMMENDATION LETTER FROM THE AREA CHIFF OR OTHER GOVERNMENT OFFICE
9	THE ORGANIZATION MUST APPROVE THE ORPHAN AFTER DOING BACKGROUND CHECK

**SEND YOUR DOCUMENTS THROUGH EMAIL ADDRESS:**



P.o.BOX78-40222 OYUGIS , KENYA . TEL :+254736176300 .EMAIL .ADDRESS: mustakbalchar.aytam@gmail.com/ aytam@mustakbalichar.org