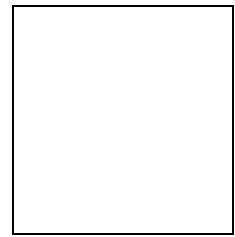


SALEM CARE AND COMPASSION MISSION



Website: www.salemcarecompassion.org
Email: info@salemcarecompassion.org
P.O.BOX 18014, Tel: 234 (0)9 8707563



APPLICATION FORM

ONLY ORPHANS ARE ELIGIBLE TO APPLY

1. General Details

Title: _____ First Name: _____ Middle Name: _____ Surname: _____
Home Address: _____ Town/City: _____
State: _____ Date of Birth: _____ Phone: _____
Email: _____ Postal code: _____
Skill: _____ Hobbies: _____
Nationality _____ State: _____ City: _____

2. Parents Data

Name Of Parents: _____ Contact Address: _____
Email: _____
Phone: _____ Postal code: _____
Fathers Occupation: _____ Mothers Occupation: _____
Father's Income per annum: _____ Mother's Income per annum: _____
If both parents are late when? _____ If only one parent is late who/when? _____
Who is taking care of you now? _____ What does he/she do? _____

Academic Background

Primary school _____ Qualification: _____
Year: _____
Secondary School _____ Qualification: _____
Year: _____
Tertiary Institution/College _____ Qualification: _____
Year: _____

Statement of Accuracy

I hereby affirm that the above stated information is true and correct to the best of my knowledge and that the essay I have provided is my work alone. I also consent that my picture may be taken and used for any purpose deemed necessary to promote Salem Care and Compassion Mission.

Signature of applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Salem care and compassion! Librating the poor to live and win.