

Note: Information on this application form including but not limited to; language, requirements are automatically adopted to the region where you are accessing Anonymous Hope Fund® Forms from.



ANONYMOUS HOPE FUND

APPLICATION FORM

Please print and fill out this application form

Scan filled form and return to the following email address: submit@ahfgrants.com in a PDF or Word format.

Note: Please attach as much proof as possible corresponding to your cause for the grant application.

Name (First Name, Middle Name, Last Name): _____

Date of Birth:

Gender: (PLEASE TICK)

Nationality: _____

Country of Residence _____

City/Town of Residence: _____

Email: _____ Tel: _____

Postal Address: _____

ID type: _____ ID number: _____

Marital Status: Single

Married

Separated

(PLEASE TICK)

Divorced

Others

How did you hear about us?

Word of mouth

Social Media (PLEASE TICK)

TV/Radio

AHF Field Agent Field Agent's NO _____

If married, number of Children and Dependents: _____

Next of Kin: _____

Relationship of Next of Kin: _____

Email Address of Next of Kin (if any): _____

Telephone of Next of Kin: _____

Postal Address of Next of Kin: _____

Are you currently employed? YES NO (PLEASE TICK)

If currently employed, Name of Employer: _____

Email Address of Employer (if any): _____

Telephone of Employer: _____

Postal Address of Employer: _____

Are you affiliated to any humanitarian organization? YES NO (PLEASE TICK)

Name of Organization: _____

Telephone of Organization: _____

Postal Address of Organization: _____

Website of Organization (if any): _____

Have you benefited any Grant from us in the past? YES NO (PLEASE TICK)

What are you applying for: Business Grant?

Personal Relief Grant

Education Grant (PLEASE TICK)

How much are you requesting for in USD? _____

How urgent do you need this grant? _____

Reasons for Funds: _____

ATTESTATION:

I attest that all information provided in this application by me _____

(YOUR NAME)

Is correct and does not contain falsehood, or any words with intent to mislead.

I also attest to use the funds, if disbursed to me solely for the purposes stated on this application form, and accept penalty if I go contrary.

(Signature of Applicant) _____ (Date)

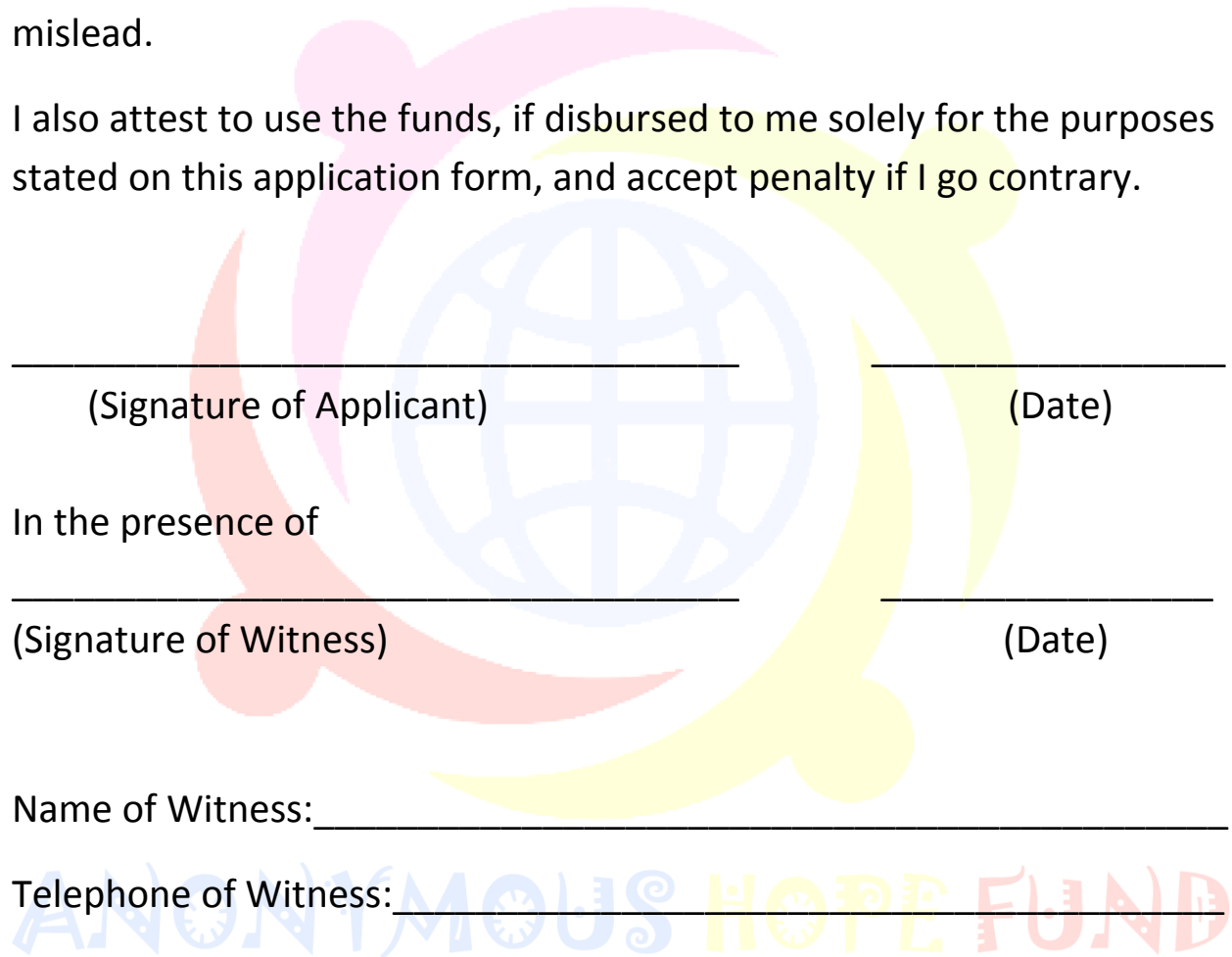
In the presence of _____

(Signature of Witness) _____ (Date)

Name of Witness: _____

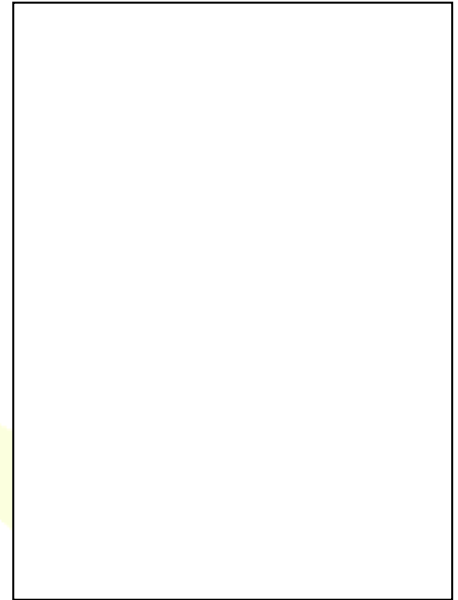
Telephone of Witness: _____

Email of Witness: _____



APPLICATION FORM

Kindly attach your recent Passport Photo



OFFICIAL USE ONLY

Name of receiving officer: _____

Signature of receiving officer: _____

Number of receiving officer: _____

Date : ____, ____, ____ (dd/mm/yy)