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Umm Al Hassam, Kingdom of Bahrain

CR No: 105460-3

## **Financial Assistance**

Name:	Gender:
Age: D.O.B:	CPR No:
Contact No:	E-mail address:
Marital status:	
Is your partner currently employed	d?
Yes No No	
If so what is the job title and comp	any:
Are you currently employed: Yes	No
Job title and company:	
If yes, what capacity are you worki	ng?
<ul> <li>□ Temporary / full-time</li> <li>□ Temporary / part-time</li> <li>□ Permanent / full time</li> <li>□ Permanent / part-time</li> </ul>	

<ul><li>□ Seasonal</li><li>□ Others:</li></ul>	
Monthly income:	
Partner monthly income:	
If not, when did you last work in paid employment?	
Are you a student? Yes No	
If so, name the school or university.	
Are your parents employed?	
Father: Yes No No	
If so, what is the job title and company?	
If yes, what capacity are you working?	
<ul> <li>□ Temporary / full-time</li> <li>□ Temporary / part-time</li> <li>□ Permanent / full time</li> <li>□ Permanent / part-time</li> <li>□ Seasonal</li> </ul>	
Others:	
Monthly income:	
Mother: Yes No	

If so, what is the job title and company?
If yes, what capacity are you working?
<ul> <li>□ Temporary / full-time</li> <li>□ Temporary / part-time</li> <li>□ Permanent / full time</li> <li>□ Permanent / part-time</li> <li>□ Seasonal</li> <li>Others:</li></ul>
Monthly income:
How much can you afford to pay:
The following documentation should be uploaded with this form:
<ul> <li>Bank Statement</li> <li>Salary Slip</li> <li>Salary Slip of Partner</li> <li>Any evidence that shows temporary loss of income</li> </ul>
Please sign and date below:
I hereby declare all information submitted in the form is accurate and to the best of my knowledge.
Signed: Printed Name: Date:

Please note each case will be evaluated by the HR Team & Center Advisory Board and will take up to 15 days to process.	