

 Strengthening Communities

 **Referral / Nomination Form**

**Name: ………………………………………………………………………………………………………………………………………..**

**Address: .……………………………………………………………………………………………………………………………………..**

**Phone Number: ……………………………………………………………………………………………………………………........**

**Name of School / Institution: ……………………………………………………………………………………………………….**

**Contact details to School / Institution: ………………………………………………………………………………………..**

**Village: …………………………………………………………………………………………………………………………………………**

**State: …………………………………………………………………………………………………………………………………………..**

**Name of parents: ………………………………………………………………………………………………………………………….**

**Reasons for referral**

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**How long will the funding be for? ………………………………………………………………………………………………………….**

**What is the cost of training for each year?................................................................................................**

**Tick the criteria that apply**

**I am happy for the school / institution to be contacted to confirm details**



**I am not happy for the charity to contact the school/institution to confirm details**

**I am happy for my details to be saved with the charity for up to 6 years after this application**

**I am not happy for my details to be saved with the charity for up to 6 years after this application**

**Please use additional paper if required to complete referral.**

**How did you hear about this charity? …………………………………………………………………………………………**

 **Criteria / Terms of Reference**

1. **Be a female.**
2. **Be within the ages of 3 years and 18 years old.**
3. **Live in one of the rural communities in Nigeria.**
4. **Have an admission into an institution in a Nigerian School.**
5. **Need support to continue education.**
6. **Remaining in education will make it possible to get a job at the end of training.**
7. **Parents are unable to provide support to continue education/ training.**