



**ABDULLAH DZINAMARIRA  
FOUNDATION**

SHARE HOPE

Address: 4 David Morgan Crescent, Avondale, Harare  
Enquiries Email: [info@adzinafoundation.org](mailto:info@adzinafoundation.org)  
Website: <https://adzinafoundation.org/>  
Phone: +263712 391 881/+263 780 147 298

## Child Beneficiary Nomination Form - Education

Use the form to nominate a child, ages 5-13, for financial support

1	Nominee Name:	
2	Nominee Age:	
3	Nominee Hometown:	
4	Nominee Current School/ Proposed School:	
5	Nominee Gender:	
6	Use the space here to share the story of this nominee. Include a description of why you feel this nominee requires this opportunity, family situation and any innate gifts this child demonstrates	

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**Board of Trustees:** Dr. Tafadzwa Dzinamarira (Founder & President of the Board of Trustees); Edlight T. Bopoto, Thulani R. Dzinamarira, Itai J. B. Chitungo, Tendai Mutiro



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7	The estimated annual amount for fees (tuition and levy)	
8	What other funding sources have you explored and/or secured?	
9	Declare any contribution by the child's family or relatives to the best of your knowledge	

Your Name and Title: \_\_\_\_\_

Your Organization (If Applicable): \_\_\_\_\_

Your Phone: \_\_\_\_\_

Your Email: \_\_\_\_\_

Once duly completed, this form must be submitted to the Abdullah Dzinamarira Foundation Beneficiaries Identification Team ([nominations@adzinafoundation.com](mailto:nominations@adzinafoundation.com)).

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