**Support for your education and/or your health care**

If you want help from us, so we need some information’s from you:

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| --- | --- |
| Your first name: |  |
| Your last name: |  |
| The name of your mother: |  |
| The name of your father: |  |
| The date of your birth: |  |
| Your living place(address, Google-Code or GeoCode): |  |
| Your phone number or the phone number of your parents: |  |
| Who is the receiver of support? |  |
| Who is your “Bridge Gambia" contact? |  |
|  |
| The name of the school/college/university and location (address, Google-Code or GeoCode): |
| Why do you need support? Please describe your problem. And the concrete using of support (Please add an exactly overview with all the costs. When do you have school documents, then please add this): |
| How long will you need our support? (Please write down the whole period, the start and end. And if applicable the corresponding school-/study year): |
| Date | Signature |

please