



APS Orphanage Support Form

Address: Association for Progressive Society, Village Kataila, District Ghazipur, State UP 233305

Email: apsforhumanity@gmail.com

Website: apsforhumanity.com

Personal Information:

Full Name: _____

Date of Birth: _____

Gender: [] Male [] Female [] Other

Contact Number: _____

Email Address: _____

Address: _____

Family Information:

Are you an orphan? [] Yes [] No

If no, please provide information about your guardians/parents:

Name(s): _____

Relationship: _____

Contact Number: _____

Educational Background:

Highest Level of Education Completed:

[] Primary School

[] Secondary School

[] High School

[] Vocational/Technical Training

[] University/College (Specify): _____

Current Educational Status: _____

Are you currently enrolled in any educational institution?

Yes No

If yes, please provide details: _____

Financial Information:

Monthly Income (if any): _____

Expenses (Monthly): _____

Do you receive any financial assistance from other sources?

Yes No

If yes, please specify: _____

Support Requirements:

15. Please describe your current situation and why you are seeking support from the orphanage: _____

What kind of support are you seeking from the orphanage?

Financial Support

Educational Support (e.g., tuition fees, school supplies)

Emotional Support/Counseling

Vocational Training

Other (please specify): _____

Declaration:

I declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that any false information may result in the termination of support from the orphanage.

Signature: _____ Date: _____