



**APPLICATION FORM**

It is important that you complete all parts of the application. If your application is incomplete or does not clearly show SOME INFORMATION in the necessary fields, your application may not be accepted. If you have no information to enter in a section, please write N/A.

<b>NAME AND ADDRESS</b>	
Name (First, MI, Last)	Telephone
Place of residence	Date of birth (dd/mm/yyyy)
Occupation (point out your work/ or un employed or student or any)	Email
<b>Type of problem your are pledging against from list obtain (put not more than three.)</b> 1. 2. 3.	
<b>Academic qualifications</b>	
1) 2) 3) 4) 5) 6)	
<b>Additional information</b>	
If student, do you have any support from somewhere else?	YES / NO (pick one)
Have you served in any security forces before, if yes mention	
Mention all your key skills	
Who recommends you to USPD	(Name and contact)
For children only	



Name of child	Parent/guardian's name
Date of birth	Telephone
For students only	
Name	class
Name of school	
languages	
1) 2)	3) 4)
Miscellaneous	
Please provide any additional information that supports is relevant and has not been provided on this form. (it will me manifested to your sponsors and on our charity page on this website)	

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Printed Name

\_\_\_\_\_  
Signature of VACSI