

## Application for Assistance

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- School Name: \_\_\_\_\_
- Principal Full Name: \_\_\_\_\_
  - Tel: \_\_\_\_\_
  - Cell: \_\_\_\_\_
  - Email: \_\_\_\_\_

1. Wish list – *(Briefly describe your needs)*

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2. Reason/ Motivation for request – *(Explain why you are approaching us for this assistance)*

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3. List services rendered by facility:

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4. Unique service or interesting information about your facility:

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5. List your catchment areas:

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6. Population size of catchment area: \_\_\_\_\_
7. Number of patients in facility annually: \_\_\_\_\_
8. Number of patients in ward annually: \_\_\_\_\_
9. Child to adult numbers in facility/ward: \_\_\_\_\_ / \_\_\_\_\_
10. Annual increase in patients: \_\_\_\_\_
11. Percentage of Black patients: \_\_\_\_\_
12. Average household income of patients: R\_\_\_\_\_

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