


INSTRUCTIONS				Do not write in This Space
Please answer each question clearly and completely. TYPE OR PRINT LEGIBLY. Please attach ID Copy. Incomplete applications will NOT be considered. Drop your application at the Program Centre in your Sub County or contact 0727305902 Email: aawuor@acwict.org		NGAZI YOUTH EMPOWERMENT PROGRAM APPLICATION FORM		
1. Surname /Jina La Ukoo	First Name/Jina La Kwanza	Middle Name/Jina La Kati	ID Number/Nambari Ya Kitambulisho	
2. Date of Birth/Tarehe ya Kuzaliwa	3. Sub County/Wilaya au Kata Ndogo	4:Current Residence/Mahali Unakoishi	5.Gender/Jinsia Male/Mume <input type="checkbox"/>	
Current age/Umri			Female /Mke <input type="checkbox"/>	
6. Permanent Address/Anwani: _____				
Telephone Number/Nambari ya simu _____ Email/Barua pepe _____				
7. Do you have any brothers and sisters? YES <input type="checkbox"/> NO <input type="checkbox"/> If the answer is "yes", give the following information: Una ndugu au dada? Kama jibu ni ndio, peana maelezo yafuatayo				
Name of Sibling/Jina	Date of Birth/Tarehe ya Kuzaliwa	Level of Education/Kiwango cha masomo	Gender /Jinsia	
8. Current Occupation/Kazi unayofanya kwa sasa:	9. Marital Status/Hali ya ndoa: Single/Hajaa/Hajaolewa <input type="checkbox"/> Married/Ameoa/Ameolewa <input type="checkbox"/>			
	10. No of Children/Una watoto wangapi <input type="checkbox"/>			
	11: No. Dependents who are not your children/Una watoto ambao si wako? <input type="checkbox"/>			
12. Parents/Guardian Occupation/Wazazi				
NAME/Jina La Mzazi		OCCUPATION/Kazi	MOBILE PHONE CONTACTS/Nambari Ya Simu	
NAME/Jina La Mzazi		OCCUPATION/Kazi	MOBILE PHONE CONTACTS/Nambari Ya Simu	
13. What is your dream career/Ungenda kufanya kazi gani?				
14. EDUCATION/MASOMO				
A. PRIMARYSCHOOL EDUCATION/SHULE YA MSINGI (Please attach copy of KCPE Certificate)				
NAME AND ADDRESS/JINA LA SHULE NA ANWANI	GRADE/ALAMA	YEARS ATTENDED/MWAKA WA KUHUDHURIA SHULE		CERTIFICATES OBTAINED/VYETI ULIVYOPATA
		FROM/KUANZIA	TO/KUMALIZIA	

B: SECONDARY SCHOOL EDUCATION/SHULE YA UPILI (Please attach copy of KCSE Certificate)			

B. YOUTH GROUP PARTICIPATION/USHIRIKA KATIKA KIKUNDI CHA VIJANA

NAME OF YOUTH GROUP/JINA LA KIKUNDI	ATTENDED FROM/TO		GOAL / FOCUS OF YOUTH GROUP/KAZI KIKUNDI LINAFAANYA	MAIN ACTIVITIES/ MIRADI KUU
	Month/Year	Month/Year		

15. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications/Andika wale wanaokujua vizuri lakini sio familia au ukoo

FULL NAME/MAJINA KAMILI	MOBILE CONTACTS/NAMBARI YA SIMU	BUSINESS OR OCCUPATION/KAZI

16. Comments by either the area Chief, Priest, Pastor or Sheikh/Maoni ya Chifu/Mchungaji/Sheikh

Name and Signature/Jina na Sahihi.....

Official Stamp/Muhuri.

17. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. *Naapa ya Kwamba maelezo nimeyapeana ni ya ukweli kwa vile nijuavyo.*

DATE/TAREHE:

SIGNATURE:

/SAHIHI _____

N.B. You will be requested to supply documentary evidence which supports the statements you have made above. **Do not submit the original texts of references or testimonials** unless they have been obtained for the sole use of the Organization. For More feel free to contact the program by Cell: _____