

# GERMAN AFRICA ASSISTANCE SCHONDORF

CHAIRPERSON§ PROF. LUDWIG GERNHARDT AND MRS. ADELHEID GERNHARDT  
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in partnership with PADECO, POB 953 Niombe [padeco\\_ngo@yahoo.com](mailto:padeco_ngo@yahoo.com)  
Mr. Wilbard Mwinuka, Luana ( Ludewa District ) and Njombe , 0757 077 844

## SPONSORED GODPARENTHOOD PROGRAMME

Education at Form I (O-level Level) after Primary school Carrier  
for a student originating from Ludewa District.

### APPLICATION FORM

**Please fill and send one copy to the address above printed!**

Budget Year: ..... For O-level education at:

Name and Place of the School: .....

Address/P. O. Box ..... Headmaster's Name: .....

Bank account of the School: Name of the Bank/Account number/Acc Name/ Branch Address:

.....

Responsible Bursar or other Person in Charge for the Account: .....

Necessary Expenses for my Education during this Academic Year in Total: TZS.....

#### **Personal Particulars** ( Please write in Capitals ! )

Applicant's Prenom : ..... Family name:.....

Date of Birth : Day ..... Month.....Year..... male / female ? .....

Home Domicile :Place .....Ward ..... District: Ludewa

Parents: Father's Name..... alive / or died in the year .....

Profession.....

Mother's Name:..... alive / or died in the year.....

Profession / Occupation if any .....

How many Brothers and Sisters do you have beside of you in the family? .....

Orphans Guardian if any : Name .....Profession .....

My intention to become as profession in the future:.....

Previous formal Education places:

**Primary School:** ..... at the years .....up to standard 7

**Attached are copies of my latest annual report or/and my Primary-Level certificate and a budget or joining instruction ( in English Version ) signed by the Headmaster.**

Date:..... Signature of the applicant .....

Recommendations by the following Trustees:

We recommend this applicant for support because .....

.....

Name / Institution .....Signature.....

Name / Institution .....Signature.....

Name / Institution .....Signature.....