



Educational Assistance Application Form

Application Number: E-202

Applicants Information

Child Applicant: HASAN RAMATO
Second Name *First Name*

Child's Sex: M F Child's Age: 12

Home Location: KERSA ILALA
Village Name

Father's Full Name: HUSEN HASAN
Second Name *First Name*

Are other children living at home? YES NO
If "Yes" please list age of each child living at home: 4,2,1



Other Information about the Family: THIS CHILD-RAMATO IS DEAF AND CAN NOT HEAR WHAT OTHER PEOPLE SAYS AND COMMUNICATE ONLY USING SIGHN LANGUAGE. HENCE, THERE IS SCHOOL WHERE CHILDREN LEAR USING SIGHN AND THE FATHER LIKES TO TAKE HIM THERE BUT THE FATHER CAN NOT AFFORD SCHOOL FEE FOR THIS CHILD

Child's Education

Last Grade Completed: NONE School: " THE FATHER WISHES THE CHILD TO BE A TEACHER WHO WILI TRAIN DEAF CHILDREN LIKE HIM WHO ARE IN THE VILLAGE"

What is your favorite Subject in School? NONE
What do you like to do the most when you are not at school? PLAYING WITH CHILDRN IN THE VILLAGE

How will you use your education to benefit your village? "HE WILL TEACH DEAF PEOPLE IN THE VILLAGE", THE FATHER WISHES