THE RANSOMED SCHOOLS

SPONSOR APPLICATION FORM

Sponsor Information

Full Name: _____

Organization Name: _____

Contact Number: _____

Email Address: _____

Address: _____

Sponsorship Details

Preferred Sponsorship Type (e.g., Full/Partial): _____

Number of Students to Sponsor: _____

Amount of Contribution per Student: _____

Duration of Sponsorship : _____

Statement of Intent

Please briefly describe your intent and motivation for sponsoring students:

_____

_____

Signature

I hereby commit to sponsoring the specified number of students and agree to the terms and conditions set forth by the scholarship committee.

Sponsor's Signature: _____ Date: __/___/____

Submission Instructions

Please submit this form to the school administration office or email it to [info@theransomedschools.theransomedofthelordministries.org].