



**Small Grants Programme**  
**Sekolo Projects**  
 ONE APPLICATION PER FORM

**Project Information**

Tick one type of request:	AIDS Club or WOH Club Activity	
	WOH Club Activity Kit Re-fill	
Region		
School Name (s)		
Name of Contact Person		
Position of Contact Person		
Phone number		
Postal Address		
Physical Address		
Fax number		

**\*If you are a RACE Co-ordinator requesting several WOH re-fill kits, please skip to letter F.**

**A) Describe your school**

How many learners attend your school? \_\_\_\_\_

What is the nearest town? \_\_\_\_\_

How far away is it? \_\_\_\_\_

Is there a hostel at your school? \_\_\_\_\_

How many meals a day are your learners given? \_\_\_\_\_

How many registered OVC attend your school? \_\_\_\_\_

What is the mother tongue of the learners at your school? \_\_\_\_\_

\_\_\_\_\_

Does your school have a relationship with any other organization? \_\_\_\_\_

\_\_\_\_\_

Is there a volunteer working at your school? \_\_\_\_\_

\_\_\_\_\_

Is there any other information about your school that you would like to share?

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**B) History of your AIDS Club or WOH Club.**

How long has your Club been active? \_\_\_\_\_

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How long have you been its facilitator? \_\_\_\_\_

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What are its regular activities? \_\_\_\_\_

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Describe any events your Club has organised previously for the School or community.

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**C) Funding requested: N\$** \_\_\_\_\_

**D) Describe your project**

Who will be involved in this project? \_\_\_\_\_

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What are the learners going to do? \_\_\_\_\_

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What will they learn? \_\_\_\_\_

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What must you do as the facilitator? \_\_\_\_\_

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When is the project going to take place? \_\_\_\_\_

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Where is the project going to take place? \_\_\_\_\_

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Why is this project necessary? \_\_\_\_\_

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**H) Monitoring Agreements:**

As **RACE Co-ordinator**, I will collect the appropriate monitoring from each school that received a refill kit and will forward the monitoring to Sekolo Projects Inc. at PO Box 97059, Windhoek, within the school term that the kits were received.

\_\_\_\_\_  
RACE Co-ordinator Signature

\_\_\_\_\_  
Date

*[RACE Stamp]*

As **Contact Teacher**, I will compile and send the appropriate monitoring to Sekolo Projects Inc. at PO Box 97059, Windhoek, within the school term that the funds are received.

\_\_\_\_\_  
Contact Teacher Signature

\_\_\_\_\_  
Date

*[School Principal's Stamp]*

When this form is completed, signed and stamped, please fax  
**all 4 pages** to the Sekolo Small Grants Committee:

Attn: Ms. H. Tibinyane at 062-564-210

Or

Attn: Ms. M. Smit at 063-223-800

<b>Official use</b>	<i>Date Rec'd:</i>	<i>Decision Y/N</i>	<i>Date Bank Transf.</i>	<i>Date M+E Rec'vd</i>
		<i>Initials</i>		