



The *The Lady Fâtemah (a.s.) Charitable Trust*

September Lodge, Village Way, Little Chalfont,
Buckinghamshire HP7 9PU

LFT Lebanon Branch
Nabatieh, Lebanon
email: info@ladyfatemahtrust.org and lft.Ahlam@gmail.com

Wednesday, 26 July 2017

Social REPORT – Application Form

1. Applicants' Name:
2. Gender:
3. Sadaat/ Non Sadaat:
4. Date of Birth:
5. Village of Residence:
6. Physical Address
7. Name and address of the
8. Organisation / person appeal came from:
9. Family data:

Name	Relation to applicant	Age	Occupation	Income

IF APPLICANT IS APPLYING FOR EDUCATION CONTINUE ANSWERING FROM NO 9 TO 26
IF APPLICANT IS APPLYING FOR MEDICAL GO TO 27

10. Last educational certificate:
11. Report card or at least average
12. Current study.
13. For which term does the applicant apply?
14. How did the applicant pay for tuition in the past?
15. Did he/she or her family incur debts?
16. Name of university.

Tel +44 (0) 1494 762 063, Email info@ladyfatemahtrust.org, Fax +44 (0) 1494 762 286,
Mobile +44 (0) 7798 76 10 20, Fax +44 (0) 7798 76 90 30
Website: <http://www.ladyfatemahtrust.org>



Registered Charity no: 1072270



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17. Full duration of study.
 18. Expected full cost.
 19. For which period does the applicant apply?
 20. Tuition cost of the period for which he/she applies.
 21. Percentage of the cost LFT is asked to cover.
 22. Are there sick family members?
 23. Has the family been affected by 2006 war? IF Yes how and what is the current situation of their property
 24. Did either mother or father of the applicant pass away? YES / NO, IF Yes with whom does applicant live?
 25. Will the applicant's community be positively affected after he / she graduates?
 26. What is the need for the applicant's major within the community?
 27. If possible and applicable: Why did the applicant choose his/her major? How does the applicant view his/her role within the community after graduation?
 28. Applicants Medical History:
 29. Attending Physician Name:
 30. Current Medical Case Diagnosis
 31. Proposed Treatment
 32. Total Proposed duration of Treatment:
 33. Estimate Medical Intervention costs:
 34. Type of support
 35. Appealed amount:
 36. Duration of support:
 37. CASE Narrative Description (Problem Statement and Solution)
 38. Case Reference(s)
39. Date of Submission:

Prepared by: Shadab Husain, 203/178/145, Golaganj, Lucknow, Phone: +91-9956954341

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Checked by:

Check list:

1. Education certificates including semester results; UNI admission certificate and UNI Invoice
2. Medical Paper
3. Photo

Please Write the background of the family and why you feel the family deserves LFT's attention :



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