



NAME: _____ DATE: _____
 (Last) (First) (Middle Name)
 AGE: _____ BIRTH DATE: _____
 ENDORSED BY: _____ INSTITUTION: _____

1. Fill in the appropriate information in this application form.
2. Submit the following together with the application form –
 - 2.1 photocopy of government-issued ID of patient / concerned individual; and
 - 2.2 if representative to receive the check, an authorization letter and photocopy of government-issued ID of both representative and grant recipient.
3. Two weeks after the calamity has occurred, application form w/ attachments has to be filed.
4. Deadline of application is exactly one month after the calamity.
5. After receipt of check, submit an acknowledgement letter / thank you note indicating amount received & utilization of the amount.

ENDORSED BY:			
JUBILEE CHRISTIAN ACADEMY		JUBILEE EVANGELICAL CHURCH	
Fulltime of 6 & more months		Fulltime of 6 & more months	
Fulltime of less than 6 months		Fulltime of less than 6 months	
Part-time		Part-time	
Subcontractor		Subcontractor	
Administration		Administration	
Head: _____	Signature over printed name / Date _____	Head: _____	Signature over printed name / Date _____
AMOUNT:		APPROVED BY:	
(Php) _____		CGTFI Administration / Date _____	