



## CHILD SPONSORSHIP APPLICATION

SPONSOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHURCH YOU ATTEND: \_\_\_\_\_

## SPONSOR CHILD INFORMATION

NUMBER OF CHILDREN YOU WISH TO SPONSOR: \_\_\_\_\_

APPROX. AGE OF CHILD: \_\_\_\_\_ BOY: \_\_\_\_\_ GIRL: \_\_\_\_\_

ANY ADDITIONAL REQUESTS?

\_\_\_\_\_  
\_\_\_\_\_

PRIMARY SCHOOL CHILD (NURSERY CLASS – EIGHT GRADE) \$15.00 PER MONTH

SECONDARY SCHOOL CHILD (HIGH SCHOOL) \$25.00 PER MONTH

THANK YOU, YOUR REQUEST WILL BE REVIEWED BY THE COMMITTEE. YOU WILL RECEIVE A PACKET WITH INSTRUCTIONS FOR YOUR CHILD.

**Print & Mail Application to:** Project Kenya, Inc.  
Attn: Child Sponsorship Committee  
P.O. Box 5896  
Sevierville, TN 37864