

FUNDING REQUEST FORM

SCHOLAR SUPPORT PROGRAM

Full Name: _____ Phone: _____

E-mail: _____ Date: _____

To make sure your project fits with the Khazana Foundation, please check if your project meets the following 3 principles: the project contributes to financial literacy, supports/is related to boys and girls between the ages of 8 - 18, and is neutral on religion, gender rights and politics.

What is your initiative about?

What is your goal / objective ?

How much money is needed for your initiative?
Please provide your budget plan.

Are you receiving any other
funding?

Is your initiative part of any other
program / NGO / association?
Please specify.

How will you measure and communicate progress ?
Please describe the KPIs you will use.

Completed? Please send the filled in form to:
khazanafoundation@gmail.com