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| 1. **ORGANIZATION INFORMATION** | | | | | |
| Country Name: |  | | | | |
| Organization Name: |  | | | | |
| Name of President: |  | | | | |
| Postal Address: |  | | | | |
| Contact Number: |  | | | | |
| Office Email: |  | | | | |
| Contact details of a person in charge of this application: | Name | | Position | Email | Contact Number |
|  | |  |  |  |
| 1. **PROJECT DESCRIPTION** | | | | | |
| 1 Year Project | Target | □ Street Children □ Orphans  □ Alcohol/Drug Addicts □ Reformatory inmates  □ Domestic Violence Victims  □ Others (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| Budget | □ 15,000USD  □ 20,000USD  □ 25,000USD  □ Others (\_\_\_\_\_\_\_\_\_USD) | | | |
| Detailed Project  Description |  | | | | |
| 1. **AUTHORIZATION** | | | | | |
| Name and Signature  of President |  | | | | |
| 1. **SUBMISSION** | | | | | |
| **Please fill out and submit this application to the WT Cares Program of the WT Member Relations and Development Department at** [**cares@worldtaekwondo.org**](mailto:cares@worldtaekwondo.org)**.** | | | | | |
| 1. **ELIGIBILITY / QUALIFICATION** | | | | | |
| Please carefully read the Guidelines on Development Program 2024 to ensure your organization is eligible and qualified | | | | | |