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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**
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| 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 Signatureof President |  |
| 1. **SUBMISSION**
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| **Please fill out and submit this application to the WT Cares Program of the WT Member Relations and Development Department at** **cares@worldtaekwondo.org****.** |
| 1. **ELIGIBILITY / QUALIFICATION**
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| Please carefully read the Guidelines on Development Program 2024 to ensure your organization is eligible and qualified |