

SPONSORSHIP APPLICATION



C.Joy Salon is committed to only offering this program to qualifying individuals who are recommended by a staff member of the organizations that we have partnered with.

SPONSOREE'S INFORMATION

Name:

Date of Birth:

Home City:

Short Term Goals:

Are you employed currently?

If you answered "No", are you actively looking for employment? If yes, do you have any interviews coming up? When?

QUESTIONS FOR staff member

How long have you known this woman?

What is your relationship to her?

Please describe a short description of this woman's situation to the extent you are able and comfortable with:

What type of help is currently being given to her?

Describe her desire and willingness for positive change:

I attest that the information contained in this application is true and correct.

Signature

Print Name

Title

Date