



## ELOHIM FOUNDATION MENTORSHIP APPLICATION FORM.

Name of organisation: .....

E-mail address: .....

Official GSM Numbers: .....

Name of contact person: .....

GSM number of Contact Person: .....

Registration status: Registered  About to Register

If registered at what level: LGA  State  Cooperate Affairs Commission

If registered, duration of registration: .....

Location address: .....

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Thematic focus: Health  Governance  Human trafficking  Human Right

Environment  Entrepreneurship development

Number of Board of Trustees: .....

Please indicate which mentorship package you are interested in:

**Module 1.**  **Module 2.**  **Module 3.**

**Module 4.**  **Module 5.**

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Application Code: .....

Mentorship schedule: .....

Payment model: .....