

Application for Humanitarian Assistance



Date:

Cause involved:

Amount asked for:

Uses of money:

Personal Information

Name:

Sex:

ID Number:

Date of Birth:

Place of Birth:

Mailing Address:

Email:

Home Phone:

Cell Phone:

1734 20th Street NW
 Washington, DC 20009, USA
 Phone: (202) 408-8300
 Fax: (202) 408-8302
www.laogai.org

Educational Background (beginning from the most recent)

Name of School	Address of School	Period of Attendace	Degreee/Major

For LRF use only

Date of Interview:	<input type="text"/>	Date of Approval:	<input type="text"/>
LRF Staff:	<input type="text"/>	Date of Denial:	<input type="text"/>
		Date of Referral:	<input type="text"/>

Current or Most Recent Job

Name of Employer:

Address of Employer:

Phone of Employer:

Position Title:

Use this space to briefly describe the persecutions conducted by the Chinese government on the applicant(s) and the reasons for filing this application:

I certify, under penalty of perjury under the US laws, that the application and all the information contained herein are correct and true.

Signed by:

Date: