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ARLINGTON ACADEMY OF  
**HOPE**



**Child Sponsorship Application**

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**YES**, we want to sponsor a child at AAH and help provide the child with a quality, well-rounded education and basic health care!

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please indicate the number of children you wish to sponsor: \_\_\_\_\_

**Payment Method (choose one):**  \$360 annually per child OR  \$30 monthly per child by credit card

Once your application and first payment are received, we will send you a photo and profile of your child, guidelines for the Child Sponsorship Program, deadline dates for letter exchanges and other important information.

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**SPECIAL REQUESTS FOR SPONSORSHIP**

Please indicate below if you have a gender and/or age range preference. We will do our best but because of changing needs at the school we cannot guarantee to meet your request.

**I have no preference.** Please match me with the child most in need.

**1st Sponsored Child:**

GENDER:  Male or  Female

AGE:  6-8  9-11  12-15  any age

**2nd Sponsored Child:**

GENDER:  Male or  Female

AGE:  6-8  9-11  12-15  any age

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**I pledge to do my best to fulfill this child sponsorship commitment for one year.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CREDIT CARD DONATIONS**

Visa  Mastercard Amount \$ \_\_\_\_\_  One time  Monthly

Acct. # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

**THANK YOU!**

*Monthly sponsors are billed on an ongoing basis and may cancel their credit card payments at any time.*

*Please make checks payable to Arlington Academy of Hope and send with this form to the address below.*