**APPLICATION FORM TO BE COMPLETED BY REFUGEES APPLYING TO PARTICIPATE IN THE “YOUTHCONNEKT AWARDS-2025”**

**PERSONAL INFORMATION**

1. **Name of the project owner/cooperative/company:** ………………………………………………
2. **Refugee identification number**: ………………………………………………………………………………
3. **Project location:**

* Refugee Camp/Place of residence in the city: …………………………………………………………………………………………………………………………
* Name of the representative (if a cooperative/company): ……………………………
* Position/role: ……………………………………………………………………………………………………
* Phone: ……………………………………………...
* E-mail: …………………………………

**PROJECT INFORMATION**

1. Date the project started operating (Day, Month, Year): ………………………….................
2. Description of activities: ……………………………………………………………………………………………………..
3. Number of employees: ………………………………………………………………………………………………….
4. Current capital: …………………………………………………………………………………….
5. Source of capital: …………………………………………………………………………………………………………...
6. Partners or sponsors: …………………………………………………………………….

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1. Plans if awarded the prize:

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PHOTOS SHOWING THE PROJECT ACTIVITIES (where possible)

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