**Fill in the Form below to begin your journey of sponsoring a bright but needy child today!**

I wish to join HBEF’s Sponsor to Child Program and would like to request HBEF to identify beneficiaries whose secondary school education I commit to support financially.

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Full name \*

Email \*

Phone Number \*

Country of Origin \*

Profession

**Preferred Duration of Sponsorship, starting January 2026**Full SponsorshipCo-Sponsorship

**For full sponsorship**

**I  will support the student financially for a period of 3 years using the following payment modality: \***$85 per month for 3 years$1000 per year for 3 yearsone-off payment of $3000

**Co-Sponsorship**

**I will co-sponsor the student financially for a period of 3 years using the following payment modality: \***$45 per month for 3 years$500 per year for 3 yearsone-off payment of $1500

I would prefer to support the following no. of boys (indicate 0 if none) \*

I would prefer to support the following no. of girls (indicate 0 if none) \*

**I would prefer to be in contact with the beneficiaries I am matched with.**YesNo

By submitting this form, I commit to make the payments on a regular basis as necessary for the support of the beneficiaries identified for me for this purpose. \*



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