# Family Support

Dear family member,

The below applicant has applied for Grace Apprenticeship Programme, IGNITE - 3 months, mornings of Tue-Sun or IMPACT 9 months full-time. Your input will help us in the nurturing process of the applicant. Please be as specific as you can. After filling up, you can email to gap@graceaog.org or mail to 355 Tanglin Road (Grace Apprenticeship Program) or seal the attached envelope and return to the applicant. Thank you for taking your precious time to fill up the following for the applicant.

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| Name of Applicant |  | Program | IGNITE / IMPACT |

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| --- | --- | --- | --- |
| Name of Family |  | Contact No |  |

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| --- | --- |
| Relation to Applicant |  |

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| --- | --- |
| Have the applicant explained the program to you? | Yes / No |
| Have the applicant explained his/her intention/s in participating in this program? | Yes / No |
| Do you support his/her decision? | Yes / No |

##### Briefly explain the basis of your support or lack thereof.

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##### What concerns would you have if the applicant is accepted into the program?

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