

**GLOBAL EDUCATION INITIATIVE ENROLLMENT APPLICATION**

## Directions:

- To be completed by Individuals who Requires Direct G.E.I Benefits. Individuals Receiving Public Assistance Benefits, May Apply.
- Complete this form **ONLY** if you wish to Enroll in UNIMOCUNIGO G.E.I **BOTH** sections must be completed.
- Return the completed form to: **UNIMOCUNIGO G.E.I Program**,  
by **FAX** to: 646-921-3189; or **Email** the **Hand Signed**: Missionofocunigo@Theunimocunigo.org
- Please contact the **UNIMOCUNIGO G.E.I Customer Support Center** at **1-646-952-8893** with any questions.

**The following information must be provided. If ANY information is missing, the form will be returned for completion.**

Recipient Name \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Recipient Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Last Four Numbers of SSN **XXX -XX-** \_\_\_\_\_

I Certify, that my Child and/or I am Entitled to the Benefits Associated with the UNIMOCUNIGO Global Education Initiative (G.E.I). In signing this form, I Authorize the UNIM G.E.I to send Education Allocation and to (use) Information for Statical Purposes. This authorization will remain in force until I provide written notice of termination.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCOUNT INFORMATION**

**Please Do Not, Input any information below. Our Offices of the UNIMOCUNIGO Global Education Initiative, will complete section below with your New G.E.I Account Information and remit a copy to you, via First Class Mail.**

**Under, our Global Education Initiative, you will be provided with Technological Accommodation and Charged \$0.00USD. Qualifications, for the UNIMOCUNIGO Global Education Initiative, is based upon Disaster Emergencies, Disability, Special Education, Low Income Household and/or Homeless Status. All Students Must Reside & Enrolled within U.N Member State Education System.**

Account Information:

Name on Account: \_\_\_\_\_ Relationship to Recipient: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Case Number \_\_\_\_\_

As representative, of the UNIMOCUNIGO Global Education Initiative, we collect all Demographic Information to Determine, which Services are Distributed on Emergency Basis, in accordance to Article-8 of our Humanitarian Affairs & Governing Policies. All Client Information, will be Kept Confidential.

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Representative Printed Name**

\_\_\_\_\_  
**Date**