

EDUCATION ASSISTANCE APPLICATION

Applicant Information

Applicant's Name:	First :	MI:	Last:
Date of application:	New <input type="checkbox"/> Renewal <input type="checkbox"/>	Birth date:	Phone: Cell Phone:
Current address:			Email:
City:	State:	ZIP Code:	
Own <input type="checkbox"/> Rent <input type="checkbox"/>	How long?		

Employment Information

Current or former employer:	Job Title:	How Long:
Supervisor:	Phone:	

List All Family Members Living in Home

Name:	Age:	Relationship:

Education

School you are attending or planning to attend if you know:	Major if you know:	
Registration Date:	Number of years you plan to attend: Estimated time to completion:	
School Contact person Name & Title:	Phone:	
	Email:	
Previous Education & School Name:	<input type="radio"/> College <input type="radio"/> Technical School <input type="radio"/> High School	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Previous Education & School Name	<input type="radio"/> College <input type="radio"/> Technical School <input type="radio"/> High School
Are you receiving financial aid? (scholarship, loans, grants, other) Yes____ No____		Other Education/training:
Type of Aid: \$	-	
Type of Aid: \$ Total: \$	-	

Share the Goal of your education experience

Describe how the training along with your experience and skills will lead to qualifying for a target job and increase in pay?

Education Related Assistance Requested	
Supplies \$	Exam Cost Specify: \$
Mileage Travel Expenses \$	The number of Miles Traveled for school each week:
Tuition:	Other:
TOTAL ASSISTANCE REQUESTED: \$	

Gross Monthly Household Income			
	Your income	Spouse's income	Other income
• Salary including tips	\$	\$	\$
• Unemployment compensation	\$	\$	\$
• Social Security compensation	\$	\$	\$
• Child Support	\$	\$	\$
• Alimony	\$	\$	\$
• SSI	\$	\$	\$
• Other	\$	\$	\$
TOTAL INCOME = \$			

Other Assets or Sources of Income			
Food Stamps	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
Medicaid for Children or Household	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
Medicare for Children or Household	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
North Carolina State Voucher for Childcare	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	

Monthly Expenses					
▪ Mortgage	\$	Clothing	\$	Loans	\$
▪ Rent	\$	Childcare	\$	Credit Cards	\$
▪ Food	\$	Cable	\$	Medical Insurance	\$
▪ Electricity	\$	Car Payments	\$	Car Insurance	\$
▪ Gas	\$	Travel Expenses	\$	Other	\$
▪ Water	\$	Home Telephone	\$	Other	
▪ Medical	\$	Cell Phone	\$	Total Monthly Expenses	\$

What dollar amount are you able to pay towards education costs _____ \$ Per Month? Yes No Per Year? Yes No

Have you ever received Assistance from Dorcas Ministries? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what kind?	If yes, when?
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By signing this form, I give Dorcas Ministries permission to contact whomever necessary to verify my need, make a responsible decision regarding assistance to my household, and to seek further resources with regard to my request. I agree to notify Dorcas if my financial status should change or if I am no longer participating in the designated training. This permission includes but is not limited to, colleges, schools, training providers, student loan providers, scholarship providers, landlords, mortgage companies, utility or other service providers, The information may be used to negotiate on my behalf, and to assist my household or other agencies assisting my household. My signature on this form indicates that all information I have given Dorcas Ministries is accurate and complete to the best of my knowledge. I understand that if I have given false information, my household and I will be barred from receiving any future assistance from Dorcas Ministries. Also, the incident may be shared with other organizations.

Signature _____ Date of Signature _____