



EDUCATION GRANT APPLICATION

Applicant Information

Last Name: _____ First: _____ Middle Initial: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ Telephone (Cell): _____

Email Address: _____

Date of Birth: ____/____/____ Female ___ Male ___ Citizenship other than US: _____

Educational Background

High School: _____ Graduation Date: ____/____/____

City: _____ State: _____ Zip: _____

College: _____ Graduation Date: ____/____/____ Degree: _____

City: _____ State: _____ Zip: _____

Training Program(s):

Institution: _____ Graduation Date: ____/____/____ Certification: _____

City: _____ State: _____ Zip: _____

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School/College Information

Name of college, university or educational program you plan to attend:

Address/City/State of Institution

Major: _____ Intended Career: _____

Vocational or Technical Program: _____

Please describe the education program in which you wish to enroll and its relevance to your career success.

How much will your program cost for a single year? (include tuition and fees only) \$ _____

How much will books, supplies and equipment cost? \$ _____

(Note: According to IRS regulations, supplies and equipment must be required by your school for every student in the course.)

What is the amount of funding you are seeking from the Foundation? \$ _____

Most education grants will be for a fixed amount of \$500 or \$1,000.

Will you be enrolled ____ Full Time ____ Part Time (Explain)

What is your projected graduation or completion date (month/year)? _____

What degree or certification do you expect to receive? _____

Community Service activities

List all *community activities* in which you have participated without pay during the past two years (e.g., community volunteer).

Community Activity	Dates of Participation	From - To

Special Awards, Honors, Offices Held

List all of the awards received, honors conferred, and offices held during the past two years (e.g., student body president).

Paid work experience

Describe your work experience during the past four years or up to three of your most recent jobs. Indicate dates of employment for each position and approximate number of hours worked each week.

Business/Employer	Job Responsibility/Title	Dates of Employment From (month/year) To	Hours per week

Personal Essay

Please attach a short (maximum two pages double-spaced) response to the questions below. Please provide specific examples. This essay should demonstrate your ability to organize thoughts and express yourself. Grammar, spelling, and clarity are important.

Describe your motivation for the education program you have identified in this request? What career outcome will you strive to achieve? How will you ensure completion of your goal?

What are the talents and interests that you have that will help you to succeed academically and personally?

Verification

I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I understand that, if selected, the awarding of funds is contingent upon my enrollment in an accredited institution,

and that the funds will be paid directly to the institution and used toward the cost of my education. I authorize SPCCF to share this information with SPCCF board members, Grant Committee members, and donors. I authorize Grant Committee members to contact school officials for additional information, if needed.

Signature: _____ Date: _____

Parent's Signature (if under 18 years old): _____

This education grant is not available to: Members or relatives of the South Pacific County Community Foundation (SPCCF) Board; Members or relatives of SPCCF Committees; Employees or family members of donors to the scholarship for which you are applying.

Support Materials

The following support materials **must** be received by the South Pacific County Community Foundation office in order to complete your application so that it can be reviewed. If **any** of these materials is not received, your application will be considered **incomplete and not eligible for review for a education grant**.

Official Transcripts:

High School, College, or other training – If you have taken college or other training courses, please have an official transcript from the institution(s) sent to the South Pacific County Community Foundation at the address listed below. If you are a recent (past two years) high school graduate, please include an official high school transcript.

Academic and Community Recommendations (any two of the following):

Academic Recommendation—Request a letter of recommendation from one of your recent teachers and have it mailed to SPCCF. A parent or relative may not be used as a reference.

Community Recommendation – Request from a community leader or a member of a community program/organization you have participated in that they complete the attached Community Letter of Recommendation form and have it mailed to SPCCF. A parent or relative may not be used as a reference.

Employer Recommendation – Request from an employer that he/she complete the attached Employer Letter of Recommendation form and mail it to the SPCCF office. A parent or relative may not be used as a reference.

Mail to: South Pacific County Community Foundation
ATTN: Education Grants
P.O. Box 75
Nahcotta, WA 98637

CONFIDENTIAL
COMMUNITY LETTER OF RECOMMENDATION

Name of Applicant: _____
Print clearly

To the Community Leader/Organization Member: Thank you for acting as a reference for the above named applicant. Please complete this form so that the applicant and the South Pacific County Community Foundation Grants Committee will have the benefit of your appraisal. (Note: a parent or relative may not be used as a reference.)

In what context have you known the applicant?

How long have you known the applicant? _____

Comments: Explain why you are recommending the applicant. Use the reverse of this sheet if you wish.

What has been the applicant's greatest strength?

Are there areas where the applicant needs improvement?

Overall Rating (Check one; high 5 to 0 low)
 Highly Recommended Recommended Recommended with Reservation

Your signature _____ Date _____

Your Name and Title (print) _____

Your Institution _____ Phone _____

Please return this form to:
South Pacific County Community Foundation
ATTN: Education Grants
P.O. Box 75
Nahcotta, WA 98637

CONFIDENTIAL
EMPLOYER LETTER OF RECOMMENDATION

Name of Applicant: _____
Print clearly

To the Employer: Please complete this form so that the applicant and the South Pacific County Community Foundation Grants Committee will have the benefit of your appraisal. (Note: a parent or relative may not be used as a reference.)

When did the applicant work for you? _____ In what capacity? _____

What was your relationship to the applicant? (Check all that apply):

____ Employer ____ Co-worker ____ Direct Supervisor: _____

Comments: Explain why you are recommending the applicant. Use the reverse of this sheet if you wish.

Are there areas where the applicant needs improvement?

WORK HABITS: Superior Very Good Good Average Below Average

Explain the box checked.

Your signature _____ Date _____

Your Name and Title (print) _____

Your Employer or Organization _____ Phone _____

Please return this form to:
South Pacific County Community Foundation
ATTN: Education Grants
P.O. Box 75
Nahcotta, WA 98637

(or place form in a sealed envelope and return it to the applicant)

CONFIDENTIAL
ACADEMIC LETTER OF RECOMMENDATION

Name of Applicant: _____
Print clearly

To the Teacher: Thank you for acting as a reference for the above named applicant. Please complete this form so that the applicant and the South Pacific County Community Foundation Grants Committee will have the benefit of your appraisal. (Note: a parent or relative may not be used as a reference.)

In what context or through which classes have you known the applicant?

How long have you known the applicant? _____

Comments: Explain why you are recommending the applicant. Use the reverse of this sheet if you wish.

What has been the applicant's greatest strength?

Are there areas where the applicant needs improvement?

Overall Rating (Check one; high 5 to 0 low)
 Highly Recommended Recommended Recommended with Reservation

Your signature _____ Date _____

Your Name and Title (print) _____

Your Institution _____ Phone _____

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Nahcotta, WA 98637