

## 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?	Social Security Number:		

### 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	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you receiving financial aid? (scholarship, loans, grants, other) Yes_____ No_____	Other Education/training:	
Type of Aid: \$	-	
Type of Aid: \$ <span style="float: right;"><b>Total: \$</b></span>	-	

### 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:
Other	Other
<b>TOTAL ASSISTANCE REQUESTED: \$</b>	

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

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	\$	<b>Total Monthly Expenses</b>	<b>\$</b>

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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I certify that all information is true and complete to the best of my knowledge. I grant permission to Dorcas to verify this information. I agree to notify Dorcas if my financial status should change or if I am no longer participating in the designated training. If I am receiving child care assistance, I understand that I must notify Dorcas if my child is no longer participating in the childcare program.

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_