



MARGARET KELLER EDUCATIONAL ASSISTANCE

Applicant Information

Applicant's Name:		First Name:	MI:	Last Name:	
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 employer:					
Employer Address:				How long?	
Supervisor:			Phone:		
City:		State:		ZIP Code:	
Occupation:		Full time <input type="checkbox"/> Part time <input type="checkbox"/>		Annual income: \$	
Single Parent Household: Yes <input type="checkbox"/> No <input type="checkbox"/>					

Family Members Living in Home

Name:	Age:	Relationship:

Education

School you are attending or planning to attend:		Major:	
Registration Date:		Number of years you plan to attend:	
Contact Name:		Phone:	
		Email:	
Previous Education: School:		<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:		<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 <input type="checkbox"/> No <input type="checkbox"/>	Goal of this education experience:
Type of Aid: \$	

Education Related Assistance Requested

<input type="checkbox"/> Tuition \$	<input type="checkbox"/> Books \$
<input type="checkbox"/> Supplies \$	<input type="checkbox"/> Exam Cost: \$
<input type="checkbox"/> Travel Expenses \$	Miles Traveled for school each week:
Other	Other
Other	Other

Reference (Non-Family Member)

Name:	Home Phone:	Cell Phone:
Address:	Email	
City:	State:	ZIP Code:
Relationship:		

Gross Monthly Household Income

	Your income	Spouse's income	Other income
• Salary including tips	\$	\$	\$
• Unemployment compensation	\$	\$	\$
• Social Security compensation	\$	\$	\$
• Child Support	\$	\$	\$
• Aid for Dependent Children	\$	\$	\$
• Alimony	\$	\$	\$
• SSI	\$	\$	\$

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	\$	Life Insurance	\$
▪ Electricity	\$	Car Payments	\$	Medical Insurance	\$
▪ Gas	\$	Travel Expenses	\$	Car Insurance	\$
▪ Water	\$	Home Telephone	\$		
▪ Medical	\$	Cell Phone	\$	Total Monthly Expenses	\$

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

Have you ever received Assistance from Dorcas Ministries? Yes No

If yes, what kind?

If yes, when?

Please share why you are applying for financial assistance?

Necessary Documents That MUST Be Submitted With Your Application

1. Completed Scholarship Application
2. Photo Identification
3. Proof of Residence in Cary or Morrisville
4. Social Security Card
5. Proof of **ALL** income for **ALL ADULTS** in the household:
 - a. Last 2 month's pay stubs
 - b. OR last month's bank account statement showing disability, unemployment, social security, child support or other income
 - c. OR last year's tax return
6. Rental Lease or Mortgage Statement
7. Grade transcripts or grade from most recently completed semester
8. Financial Aid Report from the school you are attending showing your grant and loan allocations for the present school year
9. Contact person, phone number, and name of the school you will be attending.
10. If you need assistance with gasoline, please indicate the number of miles traveled for school each week.
11. For books and tuition needs, bring the invoice from the institution. Payment is paid directly to them with the information on the official invoice.

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 my child is no longer participating at the designated place for which I am receiving assistance.

Signature

Date of Signature

FOR OFFICE USE ONLY:

Date of interview: _____ Date Processed: _____ Date Notified: _____

Assistance Awarded: _____ Payable to: _____

