

Columbus Community Foundation NON-Traditional Grant-In-Aid Application

(PLEASE PRINT IN BLACK INK OR TYPE)

The purpose of Non-Traditional Grant-In-Aid Fund shall be to provide financial assistance to individuals whose education has been interrupted and who find it necessary to return to school to support themselves and/or their families. They must demonstrate a need for financial assistance (based on the attached Income and Expense Report) with their educational expenses to improve their marketable skills for employment. The grant is not intended to be used in covering the cost of prerequisite courses which may be necessary for securing admission to an educational program, nor by those needing further education, beyond the current program, to gain employment. The money granted is intended for expenses such as: Tuition; Books; Testing and Graduation Fees; Transportation (only for estimated cost of gas, parking, not for automobile payments); Childcare; Uniforms required by the educational program; equipment/tools necessary for the course of study. The grant is NOT to be used for living expenses, clothing or to repay educational loans.

Student Eligibility

The students eligible for assistance shall:

- Work or live in Cherokee County, Kansas;
- Be a student in good standing;
- Study at a vocational/technical institution or college or university within the United States;
- Have had at least 12 consecutive months break in education during their adult life;
- Be within 24 consecutive months of completing their educational goal;
- NOT be enrolled in a post-graduate degree program;
- Be enrolled in an educational program leading to employment or job advancement;
- Grants MAY be awarded for Academic or Technical courses.

Type and Amount of Aid

The type and amount of aid shall be at the discretion of the Board of Directors of the Community Foundation and may include, but is not necessarily limited a maximum grant of \$1,000.00 per year for two years. The applicant need only request by letter their desire for the second year payment without going completing an application for the grant-in-aid. The recipient must provide proper documentation supporting the maintenance of a 2.5 accumulated GPA. Lesser amounts may be awarded according to individual needs and available funds.

PERSONAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Age: _____ SSN: _____ - _____ - _____
Telephone: (Home) _____ (Cell): _____ (Work): _____
Date of Birth: _____ E-mail Address: _____
Marital Status: _____
Dependent Children (Include Ages) : _____
Number Residing within the Home: _____

EDUCATIONAL INFORMATION

High School Attended: _____ Graduation Date: _____
If Applicable – Date GED Certificate Received: _____
College(s) Attended: _____ Dates of Attendance: _____
School Planning on Attended this Term: _____
Major or Intended Major: _____ Full-Time or Part-Time (circle one)

EMPLOYMENT - WORK HISTORY

Current Employer: _____ How Long Employed? _____

Instructions for Grant Applicant:

Applicants should secure two letters of recommendation from someone who can speak to their qualifications for this Grant-In-Aid award. Suggestions for recommenders: current or previous teachers or advisors, pastor, current or previous employers or supervisors. (Letters from family members will not be accepted).

Instructions for the Recommender:

The Columbus Community Foundation appreciates your candid appraisal on the merit of the applicant applying for this scholarship. The scholarship committee desires an accurate assessment of each applicant. Please comment below on the following and attach this cover to your letter.

- Perception of the applicant's academic or professional performance/potential
- Knowledge of applicant's commitment/intentions to pursue education/accomplish goals
- Generally, why you recommend the applicant to receive a scholarship
- Any other information you feel is relevant for the committee's consideration

RECOMMENDER

Name: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Telephone: _____ **E-mail:** _____

Signature: _____

Return this form and the letter to the student in a sealed envelope with your signature across the seal.

INCOME & EXPENSE REPORT

To be completed to reflect information for the term for which the Grant is requested

MONTHLY INCOME (deduct taxes only)

Salary: Applicant \$ _____
Spouse \$ _____

Financial Aid: (per month)
Scholarships/Grants \$ _____

Educational Loans \$ _____

Child Support \$ _____

Alimony/Maintenance \$ _____

State, Provincial, U.S., or Canadian
Government Assistance: \$ _____
(identify source)

Food Stamps/SNAP: \$ _____

Monthly Income from
Savings/Interest/Dividend: \$ _____
(list by source/amount)

Other Sources of Income:
(list by source/amount) \$ _____

TOTAL MONTHLY INCOME \$ _____

ADDITIONAL INFORMATION

Total in All Savings Accounts: \$ _____

Total in Investments: \$ _____

Total in 401K/Retirement \$ _____

Total Balance of Indebtedness: \$ _____
(e.g., balance of mortgage, total credit card debt, all
other loan debt – **excluding educational loans**).

Past Educational Loan Debt: \$ _____
(Include Applicant, spouse & children)

MONTHLY EXPENSES

Rent Payment: \$ _____

Mortgage Payment: \$ _____

Food/Groceries/Household \$ _____

Clothing: \$ _____

Utilities: \$ _____

Telephone: (cell & land line): \$ _____

Medical/Dental Exp. & Insurance: \$ _____

Automobile:
Payment \$ _____
Maintenance Expense \$ _____
Gasoline (non educational) \$ _____
Insurance \$ _____

Other Insurance: \$ _____
(e.g. Life, Home, Renters, etc)

Total Credit Card Payments: \$ _____

Total Loan Payments: \$ _____
(excluding auto/mortgage)

Childcare (not related to education): \$ _____

Other: (list by name/amount) \$ _____

TOTAL MONTHLY EXPENSE \$ _____

EDUCATIONAL EXPENSE PER TERM

Tuition: \$ _____

Books/Educational Supplies: \$ _____

Childcare: \$ _____

(while attending class or studying)

Transportation \$ _____

(gasoline, parking, local public transportation):

Other: \$ _____

TOTAL Educational Exp/Term \$ _____

Number of Months/Term: _____

Total **Monthly** Educational Expenses*

(Total of term's educational expenses
divided by number of months per term.) \$ _____