NO LIMITS

Educational Grant Application

Last Name _____ First Name _____

Date of Birth: _____/_____/_____ (Month/Day/Year)

Email: _____ Phone Number: _____

Street Address: _____

City and State: _____ Zip Code: _____

Schools Attended:
 (List them in order beginning with the most recent.)

School 1

Name: _____

Address: _____

_____

Date(s) Attended: _____/_____/_____ to _____/_____/_____

Courses/Grade(s) Completed: _____

School 2

Name: _____

Address: _____

_____

Date(s) Attended: _____/_____/_____ to _____/_____/_____

Courses/Grade(s) Completed: _____

School 3

Name: _____

Address: _____

_____

Date(s) Attended: _____/_____/_____ to _____/_____/_____

Courses/Grade(s) Completed: _____

<u>Extracurricular Activity Information</u>

Please describe any volunteer activities, organizations, sports, music, hobbies that you are involved with or enjoy participating in. Use the back of this page if you need more writing space.

_____

_____

_____

_____

Educational Goals

Describe your goals. Ensure that you answer the following questions in your response. What would you like to study? What kind of degree or certificate would you like to get? What school would you like to attend? When do you plan to start taking classes or have you already begun? Will you be attending in person or doing your courses online? What company or business would you like to work for or do you plan on starting your own business?

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_____

Describe anything else that you would like us to know about you.

_____

_____

_____

_____

_____

Qualification

To qualify for this grant you need to have been in the foster care system. We need to confirm this by contacting your social worker, someone who has worked with you through Department of Children and Family Services or an adult who knows you well and is familiar with your situation like a counselor (someone that lives in your area). Please provide that information below.

**Notify the individual below that an administrative member of No Limits may be contacting them to confirm your status.

Full Name: _____

Street Address: _____

_____

Email: _____ **Phone Number:** _____

Position (i.e. counselor/supervisor/case worker): _____

** Additional Requirements to qualify or be a continuing recipient of this educational grant are listed on the following page.

Other Requirements

1. You must maintain a 3.0 (75%) average for the term.

2. As a recipient of this grant, you are a representative of this program and it is expected that you will conduct yourself in a moral and ethical manner. Any proof to the contrary, including suspension and/or expulsion will result in the termination of your grant availability permanently. Naturally, withdrawal from all classes will end the financial assistance for the term or school year.

3. You must participate as a volunteer at a qualified location for a minimum of 40 hours per term. Your volunteer time must be confirmed by a qualified supervisor. An email containing a copy of your time sheet along with an original signature of your supervisor will qualify.

   When we notify you of your preliminary grant acceptance, please be prepared to provide us with the location of your volunteerism along with the name and contact phone number for your volunteer supervisor within 14 days.
   **This information is required before your educational grant can be finalized.

**Please Note: Educational grants provided for tuition will be paid directly to the institution.

References

Choose three adults that you would like to act as references for you. You may include teachers, pastors, school counselors, coaches, employers. Complete their contact information below.

Full Name: _____

Street Address: _____

_____

Email: _____ **Phone Number:** _____

Position: (i.e. teacher/ coach) _____

Location: (i.e. school/church/business name) _____

Full Name: _____

Street Address: _____

_____

Email: _____ **Phone Number:** _____

Position: **(i.e. teacher/ coach)** _____

Location: **(i.e. school/church/business name)** _____

Full Name: _____

Street Address: _____

_____

Email: _____ **Phone Number:** _____

Position: **(i.e. teacher/ coach)** _____

Location: **(i.e. school/church/business name)** _____

I hereby certify that all the information in this application is accurate to the best of my knowledge. I recognize that providing false information will be considered automatic disqualification for consideration of an educational grant from No Limits, both now and in the future.

_____   _____

                          Signature   Date

Applications should be submitted by email to: nolimits@featherfoottrail.com
**Attach any additional documents that you consider relevant to your application.