Kalamazoo RESA Targeted Assistance Grant for Non-Certified Staff

Grant Application Cover Page

I am applying for a Kalamazoo RESA Targeted Assistance Grant. I understand that only complete applications will be considered and that the following information must be in the office of the Kalamazoo RESA Foundation via email to kalee.paul@kresa.org no later than 3:00 p.m. on Friday, March 8, 2019.

I understand that as a degree-seeking applicant I must provide:

1. A completed grant application. *Remember to answer every question that applies to you.*
2. A carefully prepared Essay addressing why my application merits consideration for this grant program. Including my plan for success, how my experience has prepared me for this opportunity, and why I am interested in one or both of the targeted fields of study. ***(Not to exceed three double spaced pages)***
3. An official copy of my college transcript(s) if I've completed course work in the past five years.
4. Grant recommendation form signed by my current supervisor.
5. A list of references – minimum of three with at least two letters of recommendation.
6. Verification that I have applied for financial aid (Free application for Federal Student Aid – FAFSA) – please choose one.
   a. I completed the 2019-2020 FAFSA on _____/_____/_____
   b. I plan to complete the 2019-2020 FAFSA by _____/_____/_____
   c. I will not be applying for financial aid and have enclosed my tax returns for the past two years or my W2's and an explanation of why I am not eligible to file a FAFSA.

CERTIFICATION

I hereby affirm that the information provided on this form and in the accompanying material is accurate and complete to the best of my knowledge. In addition, it is my understanding that information contained in my application may be shared with the grant selection committee and staff in the Kalamazoo RESA Human Resources office and that efforts will be made to protect the privacy of the information submitted.

_____   _____

Applicants Signature   Date

Kalamazoo RESA Targeted Assistance Grant for Non-Certified Staff

Grant Application

Last/First/Middle Name   _____

Permanent Address   _____

City/State/Zip   _____

Phone Number(s)   _____(home)   _____ (work)

Email _____

Are you a U.S. Citizen or Permanent Resident Alien?   Yes_____   No_____

County in which you currently reside   _____

How did you hear about the Kalamazoo RESA Foundation Targeted Assistance Grant?

_____

_____

Marital Status   Single _____ Married _____ Separated _____ Divorced _____ Widow _____

Family Income Range (all sources)

Under $10,000 _____ $10,000-$19,999 _____ $20,000-$29,999 _____

$30,000-$39,999 _____ $40,000-$49,999 _____ $50,000+ _____

How many people does the family income support? _____

Name of Dependents   Age   Relationship to You

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

WORK/VOLUNTEER EXPERIENCE

Please list your work and/or volunteer experience during the past five years, beginning with your most recent position. If additional space is needed, please provide the information on a separate page.

Employer/Organization	Position	Hours/Week	Beginning and End Dates	Salary or Hourly Wage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATIONAL HISTORY AND INFORMATION

High School _____ Date of Graduation (MM/YR) _____ or GED Date (MM/YR)_____

Please list any post-high school educational history beginning with the most current information

Name of Institution	Cr. Hours Earned	GPA	Dates Attended	Degree Granted (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you currently enrolled in college? Yes _____ No _____

If yes, please provide the name of the school _____

College you plan to attend during the coming academic year_____

Type of Degree you will pursue   Bachelor's _____   Graduate _____

Year in college during the coming academic year   Freshman _____   Sophomore _____

　　　　　Junior _____   Senior _____   Graduate Level_____

Will you be a full-time or part-time student   Full-time _____   Part-time_____

Please indicate the # of credits you plan to take in each of the following sessions:

Summer_____   Fall_____   Winter_____   Spring_____

Are there student teaching/internship requirements in your program?   Yes   No

If so, what are your tentative plans to meet those requirements? _____

_____

Major Field of Study _____

How do you plan to use funds provided by this grant?
(example: tuition, fees, books, list any other support needs you may anticipate)

_____

_____

_____

Approximate financial need for the 2019-2020 academic year? $_____
(Provide an estimate if known – further information can be submitted at a later date)

Expected graduation date (if known) _____(Month/Year)

The following information is optional:

Race/Ethnicity (You may check more than one box)

African American _____   Asian/Pacific Islander _____   Caucasian _____

Hispanic _____   Native American/Aleutian _____   Multi-racial _____

Other _____