

Elsie Schrader Grant-In-Aid Education Program – Application

Provided by WFSE LOCAL 443

Statement of Fact: To be completed by the applicant (type or print in ink)

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Agency: _____ Current job class: _____

Financial Information

List all sources of additional income including, but not limited to Social Security, Unemployment Compensation, Workman's Compensation, Child Support, Alimony, Public Assistance, Food Stamps, Pension, Rental Property, Investments, etc.

Number of Dependents: _____ Ages: _____ Your Gross Income: \$ _____

Spouse's Gross Income: \$ _____ Combined Gross *Monthly* income: \$ _____

Approximate combined *net* income per month: \$ _____

To assess your financial need, we need to understand your combined net income – all income less expenses. Give pertinent information regarding your income and financial obligations to support net income (i.e. amount of rent/mortgage payment, child support, car payment, utilities, loans, etc.) that would be helpful in assessing your financial need. Attach additional page(s) if necessary.

CAREER AND SCHOOL PLANS

Name and City of Institution: _____

Name of enrolled classes: _____

Total credit hours per quarter/semester _____ Inclusive dates of course(s): _____

Immediate career goals: _____

Other requirements for completing your immediate career goal: _____

Other scholarships you've applied for? Please list: _____

Are you receiving tuition assistance? If so please explain: _____

Your costs associated with this course: Tuition \$ _____ Books \$ _____ Miscellaneous \$ _____

In applying for the scholarship described in this application form, I certify that all the facts contained herein are correct.

Date: _____ Signature: _____

Complete, sign, scan and send your application to Scholarship@wfselocal443.org or

Mail application and proof of enrollment within 30 days of classes starting to:

WFSE Local 443, Attention Scholarship Committee
Post Office Box 105, Olympia, WA 98507-0105