

Washington Federation of State Employees, Olympia, Local 443
Post Office Box 105
Olympia, WA 98507-0105

Elsie Schrader Grant-In-Aid Scholarship Application

- Grants are for one quarter only and applications must be filed immediately after the start of the quarter.
- File separate application for each quarter with-in 30 days of the quarter beginning.
- You must attach proof of enrollment for the quarter in which you are applying.

Statement of Facts

To be completed by the applicant (type or print in ink)

Personal Information

Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Phone Number: _____

Agency: _____ Current job class _____

Hours per week _____ When did you join the union? _____

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: _____

Gross Income Earnings: _____ 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 if necessary. **(This section is very important.)**

Explanation of net income (see box above)

CAREER AND SCHOOL PLANS

Name of Institution offering class: _____

Name of classes requested: _____

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

Immediate career goals: _____

How many further requirements are there for completing your immediate career goal: _____

Have you applied for any other scholarships? _____ If so please list:

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

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

Miscellaneous costs \$ _____

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

Date: _____

Signature: _____

Mail application and transcript within 30 days of registration to:

**W F S E Local 443
Attention Scholarship Committee
Post Office Box 105
Olympia, WA 98507-0105**