



## GRANT APPLICATION

The Lost Coin Women's Fund, Inc. is a charitable, nonprofit [IRC 501(c)(3)] organization, founded to help women living in Massachusetts improve their quality of life by providing funds to assist in **undergraduate** studies or **vocational training** programs. Women holding a previous Bachelor's Degree are not eligible to apply. Low-income guidelines are used to determine grant eligibility.

Grants can total up to \$2,000. Payments are made directly to schools or programs, in the name of grant recipients. Acceptance will be decided within four months from the date of receipt of completed application. Only one grant per applicant is allowed. The Fund does not give grants for payment of loans.

*(Please print clearly)*

|   |                  |  |                |   |
|---|------------------|--|----------------|---|
| <b>I. Applicant's Personal Information</b>  |                  |  |                |   |
| Last Name   |                  | First Name   |                | Today's Date  |
| Street Address  |                  |  | City           | State      Zip  |
| Date of Birth (mm/dd/yyyy)  | Telephone Number |  | Email Address  |   |
| School applying to or attending now   |                  |  | Year in school | Please check<br>Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Prior undergraduate degree completed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                  | Highest level of education completed<br>High School <input type="checkbox"/> Certificate <input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> |                |   |
| Amount being requested  |                  | School Advisor's Name  |                | School Advisor's Telephone  |

|  |                            |            |               |                |
|--|----------------------------|------------|---------------|----------------|
| <b>II. Professional Recommendation</b> |                            |            |               |                |
| Last Name                              |                            | First Name |               |                |
| Street Address                         |                            |            | City          | State      Zip |
| Telephone Number                       | Alternate Telephone Number |            | Email Address |                |

*\*Please ask a professional person associated with you to submit a written, signed recommendation on their letterhead supporting your grant request.\**

|   |  |
|---|--|
| <b>III. Financial Information</b>   |  |
| <i>If you are supporting children, list their ages. Also list any others who are dependent on you for financial support.</i>  |  |
| Will your current monthly income change once you begin school? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, <u>how</u> will your current monthly income change? |  |

| <b>IV. Income Verification</b>                         |  |               |       |
|--|--|---------------|-------|
| Name of Employer                                       |  | Telephone No. |       |
| Street Address   |  | City          | State |
|  |  |               | Zip   |
| <b>Gross Monthly Income:</b>                           |  |               |       |
| Number of People living in Household                   |  |               |       |
| Applicant's Salary/Wages                               |  | \$            |       |
| Household Members' Salary/Wages (Age 19 + up)          |  | \$            |       |
| Child Support  |  | \$            |       |
| Alimony  |  | \$            |       |
| Public Assistance (Welfare, AFDC)                      |  | \$            |       |
| Social Security/SSI                                    |  | \$            |       |
| Unemployment Compensation                              |  | \$            |       |
| Worker's Compensation                                  |  | \$            |       |
| Disability   |  | \$            |       |
| Other (for example, tips): _____                       |  | \$            |       |
| <b>Total Gross Monthly Income</b>                      |  | \$            |       |
| <b>Total Gross Yearly Income</b> (monthly income x 12) |  | \$            |       |

| <b>V. Application Verification/Review</b>   |  |
|---|--|
| Please note that your application cannot be considered until <b>all of the following pieces of information are submitted</b> . Place a check mark to the left of each item to be sure all documents are part of your grant application. |  |
| (1)   | <b>Personal Statement.</b> On a separate sheet, please describe (a) why you are seeking this grant; (b) how the grant will be used and (c) include any additional information that may be helpful to us in deciding your grant acceptance.   |
| (2)   | <b>Professional letter of recommendation</b> Please inform the person writing your professional recommendation and your school advisor that they may be contacted by a representative of the Lost Coin Women's Fund in regard to your application. <b>The professional recommendation letter may be sent separately.</b> |
| (3)   | <b>(a) Verification of your acceptance</b> into, or currently enrolled at, the school for which you will apply this grant (for example, an official school letterhead for transcript, acceptance letter, grants, etc.); and  |
| (4)   | <b>(b) A current invoice</b> this grant will be applied to, obtained from your school's Financial Aid Officer or Registrar.  |
| (5)   | <b>List of all grants, loans and scholarships</b> , and the amount received or applied for, in each case.  |
| (6)   | <b>Total Gross Yearly Income Verification for all in household:</b> (ex. pay stubs, W-2s, verification of financial aid, child support, governmental aid such as food stamps, aid to dependent children, welfare, etc.)  |

**\*Please do not mail this application until you have completed each of the requirements above and included them with your application. The professional recommendation letter may be sent separately. \***

For more information, email [LostCoinWFInc@gmail.com](mailto:LostCoinWFInc@gmail.com) or see [www.LostCoinWomensFund.org](http://www.LostCoinWomensFund.org) for extra grant applications.