RocEduFund Education Grant Application

| Name | | | | | | |
|---|--------------------|----------------|----------------------------|-----------------|-----------------|--|
| Home Address Apartment # | | | | | | |
| | City | , State, Zip | | | | |
| County of Residence: Monroe | □ Wayne □ | Ontario 🗆 | Livingston \Box | Genesee 🗆 | Orleans 🗆 | |
| Phone Number () | E | Email | | | | |
| Birth Date// If Under 21, Parent/Guardian Name | | | | | | |
| Home Address | | | | Apartment # | | |
| | City | y, State, Zip | | | | |
| Describe what your financial need | is and how this | grant will hel | p continue your e | ducation. | | |
| Amount Requested \$ | D | ate Needed | | | | |
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| | | | | | | |
| Did you graduate from High School? Yes or GDI/GED N.A | | | | | | |
| School Name | Gradu | ation or High | School Equivale | ncy Diploma | Date | |
| | | _ | - | | | |
| List any School Honors, Recognit | tions, Activities/ | Sports: | | | | |
| | | | | | | |
| Acceptance to College, School or Vocational Program Name of Degree, Program, Certificate or License | | | School or Institution Name | | Enrollment Date | |
| | | | | | | |
| | | | | | | |
| Enrollment: Full-time student? | Part Time | _ (Please atta | ich Acceptance le | etter or email. |) | |
| Projected Graduation or Completion | on Date | _ | | | | |
| Work Experience – if applicabl | e | | | | | |
| Company Name | | Position |] | From (mo/yr) | To (mo/yr) | |
| | | | | | | |
| | | | | | | |

If you have done any volunteering in your community or at school, please describe.

References

In order to be approved, please attach two (2) Recommendation Letters with this application. You may use an instructor, a school counselor or employer.

| 1. <u>Name of School Reference</u> | | | | |
|---|----------------|--|--|--|
| School | Position/Title | | | |
| Phone Number () | Email | | | |
| Please attach a copy of your most recent school Transcript | | | | |
| 2. <u>Name of Character Reference</u> (<i>Not a family member</i> |) | | | |
| Address | | | | |
| Position/Title | Phone () | | | |
| Additional Information required: | | | | |
| 1. You may be required to have an in-person, telephone or virtual interview. | | | | |
| 2. You will be required to maintain contact with an assigned RocEduFund Mentor. | | | | |
| 3. You will be required to provide verification at the end of the school term about your academic progress. | | | | |
| ~ ~ ~ | ~~ | | | |

I promise that the information in this application is true.

| Signature of Applicant | Date |
|--|------|
| How did you hear about the RocEduFund? | |

Please submit the completed application and all additional documents to: info@rocedufund.org