

**EDUCATIONAL/ OCCUPATIONAL TRAINING
FINANCIAL ASSISTANCE APPLICATION**

Date _____

Applicant Information

Name _____

Home Address _____ City _____ Zip _____

School Address _____ City _____ Zip _____

Phone Number (Daytime) _____ (Evening) _____

(School Number) _____ (E-mail) _____

Soc. Sec. # _____/_____/_____ Date of Birth _____

Gender _____Female _____Male

Marital Status _____ Referred By _____

Family Information:

Mother's Name _____
Address _____

Telephone Day _____ Evening _____

Father's Name _____

Address _____

Telephone Day _____ Evening _____

Siblings Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Educational Background:

DATE DATE

MINOR	NAME	STARTED	COMPLETED	DEGREE	MAJOR
High School					
College Or Technical					
Graduate Education					

Employment Record:

Employer	Position & Duties	Date of Employment	
		From	To

Financial Assistance Information

Are You Applying For a _____ Grant _____ Loan _____ Both ?

Amount of Financial Assistance Requesting \$

For Which Educational Program Are You Requesting Financial Assistance ?

Other Grants, Loans or Scholarships Assistance Applied For

Have You Applied For A Loan From Hebrew Free Loan Association?

For Loans Only:

Cosigners

- 1.
- 2.
- 3.

Please Write A Short Paragraph About Yourself, Focusing On Your Educational Goals.

Why Is This Educational Program Important For You To Attend?

For publicity purposes, your name and program attended will be listed in the Jewish Reporter as an Educational/Occupational Training Grant recipient. If you do not want to be listed, please check below.

I do not want my name listed in the Jewish Reporter as a recipient of an Educational/Occupational Training Grant

I attest that the above information is accurate to the best of my knowledge and give Flint Jewish Federation permission to use it to assist me in securing financial assistance.

Signed _____ Date

For Office Use Only

Fund Approved _____ Loan _____ Grant

Amount Approved

Interviewer _____ Date