

Adult Learners, Inc.

Scholarship Application

 *Instructions for Completing this Application*

**Purpose of the Adult Learners, Inc. (ALI) Scholarship**

 **The purpose of the ALI Scholarship (ALISA) is to provide financial and non-financial support for adult learners in the form of tuition and/or funding to address educational or employment barriers. Adults who are U.S. citizens, 18 years of age or older and living in the 10 Indiana counties of Benton, Carroll, Clinton, Fountain, Jasper, Montgomery, Newton, Tippecanoe, Warren and White are eligible to apply.**

 **ALI can offer support funding to help the scholarship applicant address current educational barriers while seeking**

 **better long-term career and work opportunities. See page #2 of the scholarship application under the Interests**

 **Section for a list of potential uses of scholarship funds. Scholarships/funding to be awarded quarterly.**

 **Application Requirements**

 **Please use this list to verify that you have included all the information requested.**

# Application is fully complete with NO blanks.

Signed and dated application attesting that everything submitted is accurate and true.

My statement of goals is complete and is 500 words or less.

Three references (only one of the three references required may be from a relative/friend).

I have **NOT** included a cover letter, resume or any pictures.

 **How to Apply**

 **Submit a complete ALISA application to:**

 **Administrator Assistance**

 **Adult Learners, Inc.**

 **P.O. Box 23**

 **Brookston, IN 47923**

 **Quarterly Application Deadlines:** March 31, June 30, September 30, December 31

*All scholarship applications will be reviewed at the end of the quarter the applications were received.*

You will be notified of the final decisions after the awards are determined. Your application may be approved as written, approved with modifications, approved with contingencies or denied. Any questions should be emailed to Administrator Assistance, Steve Wittenauer, stevewittenauer@gmail.com.

Phone: 765-563-8037

Adult Learners Incorporated Scholarship Application (ALISA)

# Date Received: (For Office Use Only)

First Name Middle Name Last Name Date of Birth

Street Address City State and Zip Code

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Home Phone Cell Phone Work Phone

Email: US Citizen (Y or N) \_\_\_\_\_ I use Facebook Twitter

Are you getting assistance from any other sources? (Y or N) \_\_\_\_\_\_

If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Status:** Highest Grade Completed \_\_\_\_\_\_\_\_\_\_\_ I am in school now (Y or N) \_\_\_\_\_\_

 If currently in school, list where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:** Employed Part Time Employed Unemployed Homemaker

 (Circle all that apply)

Other Explain

### Employment History (last five years):

Employer Job Title Dates of Employment Reason for Separation

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Number of Adults Living in Your Household Number of Children Living in Your Household

Annual Income (Please include Soc Sec Disability, Child Support, Other Scholarships Received and Work Income of **All** Adults)

### Interests:

Earning my High School Equivalency Diploma Making a Career Decision

Study Skills Training and Instruction Getting an Associate’s Degree

Getting a Certification/License for Employment Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Services (housing, transportation, supplies)

### Challenges: (Check all that apply. You will not be disqualified for checking any box or any combination of boxes.)

Legal Issues A Disability

Child Care Issues Housing Problems

Medical/Dental Problems Substance Abuse or Addiction Issue

Transportation Education

My Current Work Schedule Work Experience

**Description of your Goals**: In 500 words or less, describe your goals and how you hope to reach them relating them to this scholarship’s purpose. Along with your educational goals, include information on the current obstacles you face in completing/reaching those goals. Make sure your description is well thought-out and clearly written. Check for accurate grammar, spelling and punctuation. You may begin your essay at the bottom of this page and feel free to add another page, if necessary.

**References:** Please list the names, phone numbers and relationship of three people who know you and can provide a reference. Please note: Only one of the three references required may be from a relative/friend.

Full Name Current Phone Number Relationship to Applicant

I attest to the best of my knowledge that all the information I have submitted is true and accurate. I realize that if any inaccuracies are found, I will be disqualified for this scholarship.

 Signature Date

 **Goals Essay**: