



Date received: \_\_\_\_\_ (For Office Use Only)

# Adult Learners, Inc. Scholarship Application

Adult Learners, Inc.'s (ALI) purpose is to provide financial support for adult learners in the form of tuition and/or funding to address educational or employment barriers. ALI is dedicated to post-secondary education success (certificates, licensing, degrees, etc.) for eligible, motivated individuals.

## Minimum Criteria:

- Be a U.S. Citizen or legal permanent resident of the United States
- 18 years of age or older
- Live in one of the following Indiana Counties: Benton, Carroll, Cass, Clinton, Fountain, Howard, Miami, Montgomery, Tipton, Tippecanoe, Warren or White.
- Demonstrate financial need
- Has not previously earned a 4-year degree

## Applicant Information:

\_\_\_\_\_  
First Name    Middle Name    Last Name    Date of Birth

\_\_\_\_\_  
Street Address    City    State and Zip Code

(        ) \_\_\_\_\_ (        ) \_\_\_\_\_ (        ) \_\_\_\_\_  
Home Phone    Cell Phone    Work Phone

Email: \_\_\_\_\_ US Citizen (Y or N) \_\_\_\_\_

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

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

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

Annual Income (Please include Soc Sec Disability, child support, and Work Income of **all** adults in the home) \_\_\_\_\_

**Employment Status:**                  Employed                  Part Time Employed                  Unemployed                  Homemaker  
(Circle all that apply)                  Other: \_\_\_\_\_

### Employment History (last 10 years):

Employer	Job Title	Dates and Years of Employment	Reason for Separation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Academic Background:

Highest Grade Completed \_\_\_\_\_ Have GED or HSE (if applicable) \_\_\_\_\_

Currently Enrolled \_\_\_\_\_

Degree / Certificate / License Name \_\_\_\_\_

Type:  Associates  Bachelors  Certification  License  Other \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Total cost per semester / total cost of program \$ \_\_\_\_\_

Are you receiving financial aid or any other awards? \_\_\_\_\_

## References:

Please list the names, phone numbers and relationship of **two** people for reference. Please note, references cannot be a relative or friend.

Full Name	Current Phone Number	Relationship
_____	_____	_____
_____	_____	_____

## Essay: *(Submit your essay on a separate paper.)*

In 500 words or less, describe your goals and how you hope to reach them relating them to this scholarship's purpose. Be sure to include all obstacles or barriers (health, childcare, transportation etc.) 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.

## Selection:

Please submit this application along with your essay to **Adult Learners, Inc., 839 Main Street, Suite 100 Lafayette, IN 47901** or by email to **[adultlearnersinc@gmail.com](mailto:adultlearnersinc@gmail.com)**. All applicants will be notified 2 weeks after each due date (January 1<sup>st</sup>, March 1<sup>st</sup>, June 1<sup>st</sup>, Oct. 1<sup>st</sup>).

The max scholarship per year is \$500. Adult Learners, Inc. reserves the right to adjust the award based on criteria and available funding. Your application may be approved as written, approved with modifications, approved with contingencies or denied. Any questions may be emailed to [adultlearnersinc@gmail.com](mailto:adultlearnersinc@gmail.com).

If selected, I authorize ALI to release information about the scholarship to my school, donors, and local media

If selected, I do not authorize ALI to release information about the scholarship to my school, donors, and local media

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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about the Adult Learners, Inc. Scholarship? \_\_\_\_\_