



Date received: _____ (For Office Use Only)

Adult Learners, Inc. Citizenship Test Assistance Application

Adult Learners, Inc.'s (ALI) purpose is to provide financial support for adult learners to address educational or employment barriers to ensure long-term careers and working opportunities for eligible, motivated individuals.

Minimum Criteria:

- Live in one of the following Indiana Counties: Benton, Carroll, Cass, Clinton, Fountain, Howard, Miami, Montgomery, Tipton, Tippecanoe, Warren or White.
- This assistance is for US Citizenship testing fees only.

Applicant Information:

First Name Middle Name Last Name Date of Birth

Street Address City State and Zip Code

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Phone Number Email

Amount: Request Amount \$ _____ **(maximum amount is \$250)** Date Needed: _____

What is your request for and why?

Academic Background:

Highest Grade Completed _____ Have GED or HSE (if applicable) _____

Currently Enrolled _____

Selection:

Please submit this application to **Adult Learners, Inc., 839 Main Street, Suite 100 Lafayette, IN 47901** or by email to adultlearnersinc@gmail.com. All applicants will be contacted within 2 weeks after each submission.

The max award per year is \$250.00. 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.

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

If selected, I do **NOT** authorize ALI to release information about the award 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. Citizenship Assistance Program? _____

Office Use Only:

Authorized Approval Signature: _____ Date: _____

Amount Approved: \$ _____

Date Issued: _____ Check #: _____ Amount: \$ _____

Issued to: _____

Debit Card Transaction Vendor Name: _____ Date: _____