



Adult Learners, Inc. Financial 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. ALI is dedicated to post-secondary education success (certificates, licensing, degrees, etc.) and gainful employment 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 Tippecanoe County or the surrounding counties
- Demonstrate financial need
- Has not previously earned a 4-year degree
- Cannot be a relative of an ALI Board Member

Note: No financial award will be made directly to the applicant.

Section 1: Applicant Information. *All applicants must complete this section (Pages 1 and 2)*

_____	_____	_____	_____
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 the sources and the amounts received: _____			

*Some exceptions may be able to be made in certain situations. We encourage those who may not meet one of criteria to apply, but please add a note about why an exception should be made to the criteria.



Date received: _____ (For Office Use Only)

Number of adults living in your household: _____ Number of children living in your household: _____

Household annual income (Please include Soc Sec Disability, child support, and work income of ALL adults in the home): _____

Individual annual income (Please include Soc Sec Disability, child support, and work income):

Employment Status: Employed Part-Time Employed Full-Time Unemployed Homemaker
(Circle all that apply) Other: _____

Employment History (last 10 years):

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

Section 2: Assistance Needs

1. Do you need financial assistance for college/university/training program/school-related expenses such as tuition and fees, books, etc? **Yes** or **No**

If yes, please complete Section A: Educational Assistance (Pages 3 and 4).

2. Do you need financial assistance to support you while you earn your high school equivalency diploma or enter the workforce or a new career? **Yes** or **No**

If yes, please complete Section B: Financial Assistance (Pages 5 and 6).

If yes to both questions 1 and 2, please complete both Section A and Section B Pages 3, 4, 5, and 6).



Date received: _____ (For Office Use Only)

Section A: Educational Assistance

If you answered yes to this question: *Do you need financial assistance for college/university/training program/school-related expenses such as tuition and fees, books, etc?* Please complete this section **(Pages 3 and 4)**.

Academic Background:

Highest Grade Completed: _____

Do you have GED or High School Equivalency Diploma (if applicable): _____

Where are you currently enrolled: _____

Degree / Certificate / License Name: _____

Type: ☐ Associates ☐ Bachelors ☐ Certification ☐ License ☐ Other

If other, please enter the type: _____

Current Cumulative GPA: _____ Expected Graduation Date: _____

Total cost per semester / total cost of program: \$ _____

Are you receiving financial aid or any other awards? Yes or No

If yes, please list: _____

Education Financial Aid Amount Requested:

Request Amount: \$ _____ **(maximum amount is up to \$1000)**

Date Needed: _____

What will the financial assistance be used for? Examples include, but not limited to: tuition, fees, books, supplies, etc



Date received: _____ (For Office Use Only)

Section A: Educational Assistance Continued

References:

Please list the names, phone numbers, and relationships of **two** people for a reference check. One must be a current or past supervisor or other professional reference. Please note, references cannot be a relative or friends.

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 financial assistance'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**. Applicants will be contacted within 2 weeks after each due date (January 1st, March 1st, June 1st, Oct. 1st).

The max educational assistance per year is \$1,000. 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 financial assistance to my school, donors, and local media
- If selected, I do not authorize ALI to release information about the financial assistance 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 financial assistance.

Applicant Signature: _____ Date: _____

How did you learn about the Adult Learners, Inc. Financial Aid? _____



Date received: _____ (For Office Use Only)

Section B: Other Financial Assistance

If you answered yes to this question: *Do you need financial assistance to support you while you earn your high school equivalency diploma or enter the workforce or a new career?* Please complete this section (**Pages 5 and 6**).

Academic Background:

Highest Grade Completed _____

Do you have a GED or High School Equivalency Diploma (if applicable) _____

Are you currently enrolled in any educational program? If yes, please list:

Other Financial Assistance Request:

Request Amount \$ _____ (maximum amount is up to \$500)

Funding Assistance Need For:

Earning my High School Equivalency Diploma

☐

Transportation

☐

Study Skills Training and Supplies

☐

Required work related equipment

☐

Other:

Licensing and Certification

☐

What is your request for and why? Please be specific.



Date received: _____ (For Office Use Only)

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 submission.

The max award per year for Other Financial Assistance is \$500.00. Please note, there is no essay required for financial assistance award amounts of \$500.00 or less. 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 financial assistance.

Applicant Signature: _____ Date: _____

How did you learn about the Adult Learners, Inc. Other Financial Assistance Program?



Date received: _____ (For Office Use Only)

Office Use Only:

Authorized Approval Signature: _____ Date: _____

Amount Approved: \$ _____

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

Issued to: _____

Debit Card Transaction: Yes or No

Vendor Name: _____ Date: _____