

# LOST COIN WOMEN'S FUND, INC.

P.O. Box 82, Milton, MA 02186

## GRANT APPLICATION

The Lost Coin Women's fund, Inc. is a charitable, nonprofit [IRC 501(c)(3)] organization, founded to help women living in Massachusetts improve their quality of life by providing funds to assist in **undergraduate** studies or **vocational training** programs. Low-income guidelines are used to determine grant eligibility.

Grants can total up to \$1,000. Payments are made directly to schools or programs, in the name of grant recipients. Acceptance will be decided within four months from the date of receipt of completed application. Only one grant per applicant is allowed. The Fund does not give grants for payment of loans or past courses; only for courses not yet taken. Items such as books, and equipment for nurses, etc. can be considered as part of a LCWF grant request.

(Please print clearly)

<b>I. Applicant's Personal Information</b>				
Last Name		First Name		Today's Date
Street Address			City	State      Zip
Date of Birth (mm/dd/yyyy)	Telephone Number		Email Address	
School applying to or attending now			Year in school	Please check Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Prior undergraduate degree completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Highest level of education completed High School <input type="checkbox"/> Certificate <input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/>		
Amount being requested	School Advisor's Name		School Advisor's Telephone	

<b>II. Professional Recommendation</b>				
Last Name		First Name		
Street Address			City	State      Zip
Telephone Number	Alternate Telephone Number		Email Address	

\*Please ask a professional person associated with you to submit a written recommendation supporting your grant request.\*

<b>III. Financial Information</b>	
If you are supporting children, list their ages. Also list any others who are dependent on you for financial support.	
Will your current monthly income change once you begin school? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, <u>how</u> will your current monthly income change?	

<b>IV. Income Verification</b>			
<i>Name of Employer</i>		<i>Telephone No.</i>	
<i>Street Address</i>		<i>City</i>	<i>State</i>
			<i>Zip</i>
<b>Gross Monthly Income:</b>			
Salary/Wages		\$	
Contributions from household members:		\$	
Child Support		\$	
Alimony		\$	
Public Assistance (Welfare, AFDC)		\$	
Social Security/SSI		\$	
Unemployment Compensation		\$	
Worker's Compensation		\$	
Disability		\$	
Other (for example, tips): _____		\$	
<b>Total Gross Monthly Income</b>		\$	
<b>Total Gross Yearly Income</b> ( <i>monthly income x 12</i> )		\$	

<b>V. Application Verification/Review</b>	
Please note that your application cannot be considered until all of the following pieces of information are submitted. Place a check mark to the left of each item to be sure all documents are part of your grant application.	
(1)	<b>Personal Statement.</b> On a separate sheet, please describe (a) why you are seeking this grant; (b) how the grant will be used, i.e. the cost of courses, or books, and (c) include any additional information that may be helpful to us in deciding your grant acceptance.
(2)	<b>Professional letter of recommendation</b> (a professional is one with whom you have worked, and who can vouch for your responsibility, ability to complete academic work, etc.) <i>The professional recommendation letter may be sent separately.</i>
(3)	(a) <b>Verification of your acceptance</b> into, or currently enrolled at, the school for which you will apply this grant (for example, an official school letterhead for transcript, acceptance letter, grants, etc.); and (b) <b>The cost of courses (or books)</b> this grant will be applied to, obtained from your school's Financial Aid Officer or Registrar.
(4)	<b>List of all grants, loans and scholarships</b> , and the amount received or applied for, in each case.
(5)	<b>Income Verification</b> (ex. Pay stub, verification of financial aid, child support, or governmental aid such as food stamps, aid to dependent children, welfare, etc.)

**\*Please do not mail this application until you have completed each of the requirements above and included them with your application. *The professional recommendation letter may be sent separately.*\***

**A grant shall be denied** if the request is for repayment of student loans incurred by the applicant, regardless of the source of the student loan(s).

Please inform the person writing your professional recommendation and your school advisor that they may be contacted by a representative of the Lost Coin Women's Fund in regard to your application.

For more information, email [LostCoinWFInc@gmail.com](mailto:LostCoinWFInc@gmail.com) or see [www.LostCoinWomensFund.org](http://www.LostCoinWomensFund.org) for extra grant applications.