

Application No.: _____

NJ OES Charity Foundation
APPLICATION FOR LIFE SKILLS GRANT

Maximum two (2) Grants up to \$1,500 each

STATEMENT: This grant will be determined upon the financial need of the member applicant.

Applicant's Name: _____

Address: _____

Telephone Number: (Home) _____ (Cell) _____

Social Security Number: _____

CERTIFICATION OF ELIGIBILITY

I hereby certify that I am a member in good standing of _____ Chapter No. _____, Order of the Eastern Star of New Jersey and that I have been a member of the Order of the Eastern Star of New Jersey for a minimum of two (2) years.

Signature of Member Applicant

Date

CERTIFICATION OF APPLICANT

I hereby certify that I have read the Application containing the rules and regulations of the Eastern Star Charity Foundation **LIFE SKILLS GRANT Award, and that the facts contained in the application are true and correct.** I understand that any funds made available to me as a result of this application will be paid by Eastern Star Charity Foundation, Inc. and that the **continuation of the Award will depend on certification from the school or trade school of my continued enrollment and proving satisfactory performance in order to receive a second grant.**

Signature of Member Applicant

Date

This application must be accompanied by an essay of 200 words or less on why you have chosen the **LIFE SKILLS GRANT**, proof of school application and a letter from the Chapter Secretary stating you are a member in good standing.

Completed application with essay and all required documentation to be returned to the Life Skills Chairman:

Mrs. Lisa Couch
13 Blue Hills Terrace
Green Brook, NJ 08812-2303

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NJ OES Charity Foundation
APPLICATION FOR LIFE SKILLS GRANT, Page 2

LIFE SKILLS TRAINING PROGRAM

1. What school or trade school have you made application for? Please include a copy of the course outline from the school or trade school.

2. Have you been accepted? _____
3. What course do you intend to pursue and what profession do you intend to practice?

4. What is the total cost of the course you are applying for? Please include your tuition statement. _____
5. Is this course being pursued online? _____
6. If you must travel to classes, what is the round-trip mileage? _____

APPLICANT FINANCIAL INFORMATION

List your work experience for the past five (5) years: _____

1. What is the total amount of the grant you are applying for? _____
2. What were your total earnings in the past year? _____
3. What was the total Adjusted Gross Income for yourself or family for the past year?

4. What is the current balance in your savings account? _____
5. What is the current balance in your checking account? _____
6. What is the current balance of your total investments? _____
7. Are you the only wage earner in your household? _____ If no, what are your other sources and amounts of income? _____
8. Name and address of current employer. _____

9. What is your position with this employer? _____
10. Hourly wages/Annual salary. _____
11. Number of dependents. _____
12. Will this grant increase your earning capabilities? _____