

APPLICANT STATEMENT

Applicant is usually expected to pay a portion of costs. Foundation assistance is not intended to fully fund a student's education. Please explain to the committee why you need assistance.

Tuition costs Books/Supplies cost Amount Requested

State why you have applied for these funds and for what the funds will pay. Please provide **complete details**. Attach additional page, if needed.

What do you plan to accomplish once you have completed this training? What wage do you expect to earn?

Any employee of Autry Technology Center or immediate family member may only receive funds directly applied to educational expenses.

CERTIFICATION STATEMENT

I certify that all of the information on this form is true and correct to the best of my knowledge. If asked, I agree to provide proof of the information that I have given on this form. I am in good standing with Autry Technology Center.

Applicant Signature Date Parent Signature (if under 18) Date

FOR OFFICE USE

Initial box when completed	Date	Time	Initial box when completed	Date	Time
<input type="checkbox"/> Application received			<input type="checkbox"/> Disapproved		
<input type="checkbox"/> File created			<input type="checkbox"/> Letter Sent		
<input type="checkbox"/> Office Review			<input type="checkbox"/> Check Delivered		
<input type="checkbox"/> Approved					

AUTRY

TECHNOLOGY CENTER

EDUCATIONAL FOUNDATION

GRANT APPLICATION

IN-DISTRICT STUDENTS

Guidelines

Grants provide financial assistance to potential and current students to allow them to begin or to continue their education at Autry Technology Center.

- The Foundation is designed to assist students who have exhausted other outlets for assistance.
- Funding is for tuition, transportation, supplies, uniforms or other expenses that may be required for a student to successfully participate in a class at Autry Technology Center.
- Grant amount is determined based on the applicant's need. Generally, the applicant will be required to pay a portion of the expense.
- Applicant must be in good standing with Autry Technology Center to receive assistance from the Foundation.

1 Application

Application must be filled out **COMPLETELY**. Incomplete applications will not be considered.

Please Print legibly in **INK** all information.

RETURN TO:
Student Services Office
Autry Technology Foundation
1201 W. Willow
Enid OK 73703

2 Deadlines

Deadlines for scholarships are the **1st and 15th** of each month (or the following Monday) by **4:00 pm**. Applications turned in after the deadline will be considered at a later meeting.

Please confirm meeting date if your application is time sensitive.

Must visit with a counselor before application deadline.

3 Attachments

Your two most recent **TAX RETURNS** or your parents' if you are a dependant (or a letter of explanation if tax returns are not available).

THREE LETTERS OF RECOMMENDATION from current or former teachers, employers, or personal friends (not from family members).

Attach **RESUME**, if you have one.

PERSONAL INFORMATION

HOW DO WE CONTACT YOU?

Last Name _____ First Name _____ Middle Intl. _____

Mailing Address _____

City _____ State _____ Zip Code _____

PHONE NUMBER

() _____

Please provide a working number

BACKGROUND INFORMATION

Do you live in the Autry district? YES NO **[Grants are for in-district students only.]**

Date of Birth ____/____/____ Are you claimed as a dependant on anyone's tax return? If YES, whose? _____
MONTH DAY YEAR

Marital Status Single Married Separated Divorced

If married, name of spouse _____ Spouse's employer _____

Present Employer (or explanation of why not working) _____

Are you currently in default on a federal student loan? YES NO Household Size

Have you previously **applied** for Autry Technology Center Foundation assistance? YES NO
 If YES, when? ____/____/____
MONTH DAY YEAR

Have you previously **received** Autry Technology Center Foundation assistance? YES NO
 If yes, when? ____/____/____ Amount: _____
MONTH DAY YEAR For which class: _____

Have you been convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or a felony offense? YES NO

If yes, what was the offense? _____

EDUCATION

RECEIVED: H.S. Diploma GED Highest Grade Level Completed _____

Other (Be Specific) _____

Autry class funding will assist with: _____ Start Date _____

FINANCIAL INFORMATION - INCOME

Income (Fill out completely - put \$0 if none) Current Monthly Amount

Applicant	
Spouse	
Parent (if living in same household)	
Alimony	
Child Support Received	
Military housing, food, living allowances	
TOTAL MONTHLY INCOME	

FINANCIAL INFORMATION - EXPENSES

EXPENSE	MONTHLY AMOUNT	EXPENSE	MONTHLY AMOUNT	EXPENSE	MONTHLY AMOUNT
Housing		Utilities		Other Obligations (list below)	
Auto Payment		Loan Payment (list below)			
Auto - Gas					
Auto - Insurance					
Child Support (paid)					
Please explain what you are living on <i>if your expenses exceed</i> your income on an additional sheet of paper.				Total Monthly Expenses	\$

FINANCIAL INFORMATION - ASSISTANCE

Are you currently, or will you be receiving assistance from any of the following in the next 12 months?

ASSISTED BY	CURRENT MONTHLY AMOUNT	ASSISTED BY	CURRENT MONTHLY AMOUNT
Autry Technology Center Grant		BIA	
Dept. of Rehabilitative Services		Dept. of Veteran Affairs	
Disability		Low Income Housing	
OTAG		Pell	
Scholarships		Social Security	
TANF		Unemployment	
WIA		Worker's Compensation	
SNAP/Food Stamps			
Other (Name Source)			
TOTAL MONTHLY INCOME			\$