

Seattle Milk Fund



"Celebrating 100 years of Encouraging the Discouraged, 1907-2007"

2007-2008 Education and Childcare Grant Combined Application

Applicants can use this application to apply for:

- A SMF Education Grant – for tuition and books, paid directly to the college.
- A SMF Childcare Grant- for childcare and preschool costs, paid directly to the licensed center of your choice.
- Both the Childcare and Education Grants.

Please note that that top priority ***will be given to students that have dependant children.*** Students without dependant children may apply for the Education grants but parental student applicants will be given priority.

- Students are eligible for Childcare grants if they are attending any college or university in the Greater Seattle area.
- **Only** students attending Lake Washington Technical College, North Seattle Community College, Renton Technical College, Seattle Central Community College, Shoreline Community College, South Seattle Community College or the University of Washington are eligible for Education Grants.
- Students must be enrolling for a full course load (12 credit hours) and maintain a 2.8 or greater GPA at the UW/2.5 at the Community and Technical Colleges for Education Grants and 2.5 or greater GPA for Childcare Grants.

Additional factors that will increase the chance of acceptance are:

- ✓ Low income Applicants
- ✓ Applicants who do not qualify for other scholarship programs
- ✓ Demonstrated barriers to education access
- ✓ Returning, non-traditionally aged students
- ✓ Student juggling multiple priorities and demands of family life or special circumstances

To apply for Spring Quarter 2008, submit the following to the SMF Office no later than:

March 3, 2008

*Each of the following **must be attached** before we can consider your application:*

- Completed Applicant Information Form
- Two current letters of recommendation from someone who knows you well (other than a relative)
- All current transcripts of your grades
- Class schedule for upcoming quarter
- An essay stating:
(1) Why you are qualified for an Education and/or Childcare Grant. (2) Your future plans and goals
- A copy of your FAFSA award or denial letter
- A list of all scholarships or grants for which you have applied and/or received
If you have been awarded Financial Aid in the form of a Federal Pell Grant, State Need Grant, Campus Foundation Grant, Federal Work Study Grant, or any other scholarships or awards, attach a copy of the award(s) document(s).

SEATTLE MILK FUND



EDUCATION AND CHILDCARE GRANT APPLICATION- PAGE 1 OF 2

PLEASE RETURN APPLICATION TO:
PH: 206-526-7944
FAX: 206-526-7292
www.seattlemilkfund.org

1130 N NORTHGATE WAY
SEATTLE, WA 98133

STUDENT/PARENT Information

PLEASE TYPE OR PRINT LEGIBLY. ILLEGIBLE APPLICATION CAN DELAY PROCESSING!

SSN #: _____ - _____ - _____ D O B: ____/____/____ HmPh#: (____) _____

SID #: _____ - _____ - _____ EMAIL: _____ OtherPh#: (____) _____

NAME: _____
(LAST NAME) (FIRST NAME) (MI)

ADDRESS: _____ WA
(STREET) (CITY) (ZIP)

APPLYING FOR: Education Childcare

Note that your application for each will be considered independently if you are applying for both and you may receive one or both grants.

MARITAL STATUS: SINGLE/LEGALLY SEPARATED MARRIED/PARTNERED SPOUSE NAME: _____

ETHNICITY:

AFRICAN/AFRICAN AMERICAN/BLACK ASIAN(Not Pacific Islander) HAWAIIAN NATIVE or PACIFIC ISLANDER LATINO/LATINA
AMERICAN INDIAN or ALASKAN NATIVE WHITE or CAUCASIAN OTHER UNKNOWN

PLEASE LIST ALL CHILDREN IN THE FAMILY

(FIRST NAME) (LAST NAME)
NAME: _____ / _____ DATE OF BIRTH: ____/____/____ Grade _____

NAME: _____ / _____ DATE OF BIRTH: ____/____/____ Grade _____

NAME: _____ / _____ DATE OF BIRTH: ____/____/____ Grade _____

NAME: _____ / _____ DATE OF BIRTH: ____/____/____ Grade _____

FOR ADDITIONAL CHILDREN USE ADDITIONAL SHEETS.

NUMBER OF ADULTS LIVING AT HOME (OTHER THAN YOURSELF): _____ RELATIONSHIP: _____

SCHOOL INFORMATION

SCHOOL YOU WILL ATTEND: _____ STARTING DATE: ____/____/____

CAREER GOAL: _____

CURRENT COLLEGE DEGREES
EARNED: _____

CREDITS EARNED TO DATE: _____ GPA: _____ CREDITS NEEDED TO OBTAIN DEGREE: _____

QUARTER(S) GRANT IS NEEDED:

2006 FALL WINTER SPRING SUMMER
2007 FALL WINTER SPRING SUMMER
2008 FALL WINTER SPRING SUMMER
2009 FALL WINTER SPRING SUMMER

**SEATTLE MILK FUND
EDUCATION AND CHILD CARE
GRANT APPLICATION- PAGE 2 OF 2**

REFERRER INFORMATION

REFERRED BY: _____ **TITLE:** _____

ORGANIZATION: _____ **PHONE #:** (____) _____ - _____

HOUSEHOLD INCOME (SOURCE & AMOUNT)

PLACE OF EMPLOYMENT _____ **HOW LONG** _____ **PHONE (____)** _____ - _____

EMPLOYMENT INCOME \$ _____/WEEK \$ _____/MONTH

OTHER WORKER? \$ _____/WEEK \$ _____/MONTH **IF YES, COMPLETE THE SECOND PLACE OF EMPLOYMENT:**

PLACE OF EMPLOYMENT _____ **HOW LONG** _____

CHILD SUPPORT \$ _____/MONTH **S.S.I/ SOCIAL SECURITY** \$ _____/MONTH

PUBLIC ASSISTANCE/TANF \$ _____/MONTH **UNEMPLOYMENT** \$ _____/MONTH

FOOD STAMPS \$ _____/MONTH **OTHER INCOME** \$ _____/MONTH

W.I.C. _____/# OF CHILDREN

HOUSEHOLD EXPENSES (SOURCE & AMOUNT)

RENT/MORTGAGE \$ _____ **CHILDCARE** \$ _____

UTILITIES \$ _____ **MEDICAL/DENTAL** \$ _____

PHONE \$ _____ **FOOD** \$ _____

TRANSPORTATION \$ _____ **INSURANCE** \$ _____

OTHER EXPENSES: (STUDENT LOANS, CREDIT CARDS, LOAN PAYMENTS ETC)

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

After reviewing your application, you will be contacted by a member of each the Grants Committees that you wish to be considered for (Childcare, Education or both). Dependent upon availability of funds, an interview will be set up with you.

Seattle Milk Fund Educational Grants are paid directly to the school and are supplemental to Federal awards. Seattle Milk Fund Childcare Grants are paid directly to the licensed childcare center of your choice.

I authorize investigation of all statements contained in this application. If requested, I agree to provide payroll or income tax records to support my household income information and authorize Seattle Milk Fund to verify any information with the Financial Aid office of the school I am attending.

(ALL INFORMATION IS 100% CONFIDENTIAL)

SIGNATURE OF APPLICANT: _____ **DATE** _____ / _____ / _____