

Seed Money Grant Application

EDUCATION



Self Help, Inc.

2390 North Road • Los Alamos, NM 87544

505.662.4666 • seed@selfhelpla.org

Application Instructions:

Please provide documentation pertaining to your education request with this application.

This could include an invoice or bill, materials list, enrollment verification, or other documents verifying the request. You are also welcome (and encouraged) to include any resume(s), letter(s) of support, or other materials to support your application.

This application and all attachments are to be submitted either in-person, via email at seed@selfhelpla.org, or via mail at 2390 North Rd, Los Alamos, NM 87544.

Applications are reviewed by the Self Help Seed Grant Committee, which is made up of Self Help board members and community volunteers. Staff or committee members may follow up with the applicant for more information. Applicants will be contacted once a decision is made. For questions regarding the application, contact the Self Help office.

If awarded, your funds will only be usable within a reasonable time frame, to be stated in your award letter. Funds must be paid directly to vendors, and are not paid to you directly unless approval is given to reimburse a documented out-of-pocket expense.

Applicant Contact Information and Attestation:

Full Name _____

Address _____

Phone _____

Email and website _____

I have read the above, and certify that the information I have provided in this application is true and accurate. I accept follow-up contact from Self Help, Inc and will accept the determination of the Seed Grant Committee regarding my application.

Applicant Signature _____ **Date** _____

PART ONE – APPLICANT INFORMATION

The Seed Money program is intended to help people achieve financial independence. We want to know how this grant would help you do that, and why you need it.

Name(s):

Date(s) of birth:

Previous level of educational attainment:

(GED, high school, AA, BA, other?)

Monthly average household income:

Names of other adults in household:

Number of children in household:

Current source of income & financial situation:

How does your household currently make money to pay bills—jobs, fixed incomes, help from friends and family, something else? Is it easy to keep everything paid, or is it difficult? Have you recently suffered any hardships that have made it harder to make ends meet?

Do you financially support (or want to eventually support) someone else, such as children or elderly family members? How many people live in your household?

References:

A business reference (a former employer, instructor, or business partner) is ideal, but caseworkers and other community connections are also fine. If you would like to include more than two references, you may write in more.

Name: Relationship to you:
Phone number: Email:

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Phone number: Email:

PART TWO – PROGRAM INFORMATION

Name of school/entity:

Name of program:

Are you already accepted to and enrolled in the program?

Yes Accepted, but not yet enrolled Not yet accepted

Enrollment date:

Expected graduation/completion date:

If someone from your school assisted you with this application, please provide their name and contact information:

How will completing this program help your career? Will it allow you to pursue a new field, or to become better paid in your current field?

How long will it take for you to see the benefits listed in the question above?

What benefits to yourself, your family, or your community do you think completing this degree will have? Will it help you become independent, take care of your family, or provide a service to your community? Are there other benefits you can think of?

How would you describe your long-term career goals? How does this program fit into them?

PROGRAM COST TABLE

Please fill out the below table of the various costs of your program. If your costs do not fit neatly in this table, you are welcome to attach your own version separately, as long as it provides this information.

Item	Estimated cost	Vendor(s)	Description/notes
Tuition (Total tuition—not just your portion)			
Fees (include mandatory classroom supply fees)			
Supplies (include textbooks and other needs such as a computer, etc.)			
Additional supplies:			
Other costs (Eg: licensure fees; parking/commuting; campus housing/dining; internship fees)			
Additional other costs:			
TOTAL			

PROGRAM PAYMENT TABLE

Please fill out the below table showing how you are paying for your program. If your costs do not fit neatly in this table, you are welcome to attach your own version separately, as long as it provides this information.

Item	Estimated value	Description/notes
Scholarships		
Discounts/ tuition breaks		
Loans		Student loan or other loan type?
Personal income		
Personal savings		
Family or community support		
Other		Source:
TOTAL		

PART THREE – REQUEST INFORMATION

Which cost(s) are you requesting Self Help’s assistance with?
(Tuition, fees, supplies, other?)

Total amount you are requesting in this application:

If you need more help than we can provide:

- What is your top priority? What is most urgent, time-sensitive, or hard to get other help for?

- What is your plan to make up the difference so that you can complete your program?

What difference will the requested grant make in your ability to pursue this opportunity?

PUBLICITY & CONFIDENTIALITY

Self Help often talks about our seed money recipients in public marketing materials to spread the word about this program and celebrate its recipients. We might also invite you to speak at our events, again to tell people about our program and help market your business (you can always decline these invitations). We do not share personal information about you beyond your name and the program you are pursuing, and especially do not share any sensitive personal or financial information about you or your background. The point is just to get the word out about this program.

The eligibility criteria for the program in general are not secret, so people who know a lot about the program might assume that you meet those criteria (that you live in Los Alamos, Rio Arriba, Taos, or northern Santa Fe counties, and that you needed the grant to help you pursue this educational opportunity given your own financial resource situation).

If you would like to opt out of a particular part of this publicity, or if there is something in this application that you want to make extra sure is kept confidential, please let us know what and give a brief explanation as to why:

In either case, sign below to acknowledge the above paragraph and any alterations requested.

Signature: _____

Date: _____