Georgia Professional Human Services Association Foundation

Stronger Staff for a Stronger Georgia Application for Educational Assistance

Name						
	Last	First			M.I.	
SSN	DOB		Race	_	Sex	
Address		Email				
		Telephone)			
		Fax/Other				
F l						
Employer						
Supervisor		i eiepnone				
Address						
Work Title		# Years E	mployed			
Annual Gross Inc	come: \$	Spouse Ar	nnual Gros	s Income:	\$	
Have you applied	for assistance from other source	s (ie: HOPE, Pell,	etc)?	Yes	No	
Were you granted	d assistance from other sources?	Yes No	Amount?	\$		
Do you plan to co	ontinue employment with DFCS or	in the Social Wor	k field?	Yes	No	
Will you continue	working while attending school?	Yes	No			
Name of Education	onal Institution					
Address						
Telephone		Fax				
Location of cours	es in which you will be enrolled					
I am enrolled for:	Semester Quarter	Year		_Begin dat	e	
Will you be a full	time or part time student?		_			
What are your ed	lucational goals?					
Will you earn a D	Piploma/Certificate? Yes	s No	Туре			
Do you anticipate	e filing applications in the future?	Yes	No			

What type of funding are you requesting?		Grant	Loan	Amount	\$			
Explanation for current application request:		Tuition	\$	_Books	\$			
Other Fees								
Please list two profession	onal reference and on	e personal r	eference:					
Name	Relationship							
Address								
Telephone	Fax/Other							
Email			_					
Name	Relationship							
Address								
Telephone			Fax/Othe	r				
Email			_					
Name	Relationship							
Address								
Telephone			_Fax/Othe	r				
Email			_					
An application must be filed f	or each semester/quarter and ustee Meeting. Please call the				•			
the Foundation Th	active intesting. I reade can the	ic cirioc for date	oo to be assure	or obligional	1011.			
Signature					Date			
Date received in GPHSA office:		Date rece	Date received by Foundation Trustees:					
Application	Grant or			Amount				
Approved	Loan			_Approved	<u>\$</u>			
Notes/Explaination:								
Equadation	n President Signature		_		Date			
Foundatio	n r resident Signature				Date			

Document can be submitted by email attachment or regular mail

GPHSA

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