

CHECKLIST FOR SUBMISSION

ONLY SUBMIT YOUR APPLICATION WITH ALL THE ATTACHED FORMS ALL TOGETHER AND SEND IN ONE EMAIL:

Attach the Following Required Documents:

- The enclosed application form.
- High School or GED transcript; transcripts from schools listed in #7.
- TWO (2) letters of reference from persons not related to you who have personally observed you in an educational and/or professional capacity. Reference letters must be recent.
- Invoice or statement showing costs for tuition and fees and balance after any scholarships or payments. This may be available on your portal or school website.
- A typed statement of no more than one page, prepared by you, addressing the following topics:
 1. State your educational and professional goals and describe your reasons for choosing this career field.
 2. Discuss how your life experiences have prepared you for the educational or training program of your choice.
 3. Explain why you feel qualified for this grant based on financial need.
- FAFSA Student Aid Index report (if available)



BARB'S BLESSINGS

GRANT CRITERIA and APPLICATION FORM

This program provides grants to single working mothers with dependent children who are striving to better their lives through additional schooling or skills training.

YOU ARE ELIGIBLE TO APPLY IF:

- You are a single working mother with primary financial responsibility for yourself and your dependent children.
- Students must be registered at a community college for at least five (5) credits and maintain a minimum GPA of 2.0, or be enrolled in a trade or technical school, working toward certification.

HOW TO APPLY:

- E-mail the signed application form along with all required documents to:

info@barbsblessings.org

APPLICATION DEADLINE

All signed and completed grant applications, along with required documents, must be scanned and e-mailed back to Barb's Blessings no later than 60 days prior to the start of classes and we anticipate getting back to you within that time. Early submissions are recommended.

SELECTION PROCESS:

All applicants will receive consideration for a grant based on the following:

- Status as a single working mother with primary financial responsibility for herself and her children.
- Academic, work, and life experience
- References (2)
- Financial need

AWARDING OF GRANTS:

Grant monies will be sent directly to your institution. Students awarded will receive one grant per semester for tuition, books, and fees. The Grant Committee Chair will notify all applicants of their grant application status. ***Successful awardees may qualify for continuing grants as long as they maintain a 2.0 G.P.A. and continue to qualify as a single working mother with primary financial responsibility for herself and her children.***

BARB'S BLESSINGS GRANT APPLICATION

All fields are required

1. **Student ID Number** (if available): _____

2. **Full Name:** _____

3. **Address:** _____

4. **City & Zip:** _____

5. **E-Mail:** _____

6. **Phone No:** _____

7. **Name / Place of Current Employment Position:** _____

8. **Supervisor's Phone No:** _____

9. **Level of Education and Years Attended:** _____

10. **Marital Status:** Single Married Divorced Separated

11. **List of dependents and ages:** _____

12. **US Citizenship:** Yes No

13. **Trade/technical school or community college/educational institution you seek to attend, or where you are presently enrolled:** _____

Assessment of Financial Need

Expected Educational Expenses

List the amounts for **one semester** at the institution you plan to attend:

Tuition: \$ _____

Fees: \$ _____

Books: \$ _____

Total Expenses: \$ _____

Financial Resources:

Work Income: \$ _____

Veterans Benefits: \$ _____

PELL Grant: \$ _____

Other Grants (specify): \$ _____

Scholarships (specify): \$ _____

Loans: \$ _____

Family Funds: \$ _____

Other (specify): \$ _____

Total Resources: \$ _____

List any balance due for
current or past classes: \$ _____

Are you a TANF* recipient? _____

Submit a FAFSA or Student Financial Aid Summary if you have one available to support your application.

What is the grant amount you are seeking? \$ _____

Grant Applicant's Signature

Date

*Temporary Assistance for Needy Families