

**ARISE CHARITABLE TRUST
INDIVIDUAL SCHOLARSHIP GRANT APPLICATION**

Email: info@arisecharitabletrust.org

Please type or print clearly and mail to: **Arise Trust, P.O. Box 1014 Freeland, WA 98249**

Date of Application _____

PART I: PERSONAL DATA

Name _____
(Last) (First) (Middle)

Mailing Address _____

City _____ State _____ Zip _____

EMAIL: _____ ****PLEASE PROVIDE IF AVAILABLE****

Telephone _____ Social Security No _____

Birthdate _____ Marital Status _____

Number of Dependents _____ Ages of Dependents _____

Other persons in your household (include ages & relationship) _____

PART II: OCCUPATIONAL EXPERIENCE (List most recent employment first)

Employer _____ Address _____

Dates _____ Salary Range _____ Reason for Leaving _____

Responsibilities _____

Employer _____ Address _____

Dates _____ Salary Range _____ Reason for Leaving _____

Responsibilities _____

PART III:(a): EDUCATION AND OTHER EXPERIENCE

List any schools attended and any in which you are currently enrolled:

SCHOOL	LOCATION	DATE ATTENDED	FIELD OF STUDY	GRADUATION DATE/DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAVE YOU EVER RECEIVED A SCHOLARSHIP OR FELLOWSHIP? (Including prior Arise Grants)

SOURCE	AMOUNT	SCHOOL	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART III(.b): EDUCATION

Note any educational achievements:

Community interests: activities in which you participated, held office, etc

PART IV: STUDY PLANS

What is your proposed field of study? _____

What specific skills do you plan to study? _____

Where do you plan to study (school and location)? _____

Are you presently enrolled Yes _____ No _____

Have you been accepted for enrollment in the above institution? Yes _____ No _____

Approximate period of study: From _____ to _____

PART V: PLANS AFTER COMPLETING STUDY

How do you expect to use your updated skills in your planned career?

PART VI: FINANCES

Annual Family Income

1. Gross Annual income of:	Source	Amount
*Applicant	_____	_____
*Spouse	_____	_____
*Other Household Members	_____	_____
TOTAL GROSS INCOME	_____	_____
2. Savings available for school	_____	_____
3. Loans/Scholarships	_____	_____
4. Other (benefits, family assistance, etc.)	_____	_____

PART VI: FINANCES (CONTINUED)

5. Applicant's education expenses: Tuition _____ Books _____
Transportation _____ Other (describe) _____

6. Family living expenses (child care, child education, medical, etc.) List and describe: _____

PART VII: HOW MUCH IS THIS GRANT REQUEST FOR _____

PART VIII: REFERENCES

I have requested that personal references on myself be sent to the designated Arise Charitable Trust by the following two people who represent two different sources and are not related to me:

Name _____

Address _____

Name _____

Address _____

PART IX: AGREEMENT

I understand that if given any award, all applications and supporting information including publicity, become the property of The Arise Charitable Trust, and they shall have discretionary authority in all matters pertaining to these awards.

I understand that this award may be taxable in the United States. Recipients in other areas should also check their local tax laws.

I certify that the information in this application is complete and accurate to the best of my knowledge, and I will notify the Arise Charitable Trust if there are any changes.

Signature of applicant _____ Date _____

*****ATTACHMENTS REQUIRED*****

1. FREE COMPLETED APPLICATION FOR FEDERAL STUDENT AID (FAFSA)
2. YOUR LATEST FEDERAL INCOME TAX RETURN(OR PARENTS IF CLAIMED AS A DEPENDENT)
3. IF A PRIOR ARISE RECIPIENT, YOUR LATEST GRADE REPORT

PLEASE NOTE THAT THOSE APPLICATIONS RECEIVED THAT ARE NOT COMPLETE WILL NOT BE CONSIDERED IN THE UPCOMING FUNDING SESSION.