

PATSY TAKEMOTO MINK EDUCATION FOUNDATION
for Low-Income Women and Children
EDUCATION SUPPORT AWARD APPLICATION:
SUBMISSION DEADLINE: AUGUST 1, 2017

APPLICATION INSTRUCTIONS:

1. **Send TWO (2) collated, stapled COPIES OF YOUR APPLICATION**
2. **In an envelope large enough to fit WITHOUT FOLDING** (Use 8.5 x11 or 9 x 12 envelope)
3. **TO THIS ADDRESS: Patsy Takemoto Mink Foundation, PO Box 769, Granby, MA 01033**
4. **BY U.S. MAIL ONLY -- Do not** send via Certified Mail, Express Mail, FedEx, UPS, or similar. **Do not** request delivery signature. Applications are **not accepted by e-mail**
5. **POSTMARKED NO LATER THAN AUGUST 1, 2017**
6. **Do not** send transcripts, tax forms, court documents or other sensitive/confidential materials.
 - **Please check all pages of both copies carefully, incomplete applications will not be considered.**
 - **Please note: The Foundation will notify awardees only in late October, by phone or email.** We are unable to contact each applicant about the status of her application

Please print or type. All requested information, including email address, is required.

LAST Name: _____

FIRST Name: _____

Residence Address: _____

Mailing Address:
(if different from Residence) _____

E-mail: _____ **Phone #:** _____

Birth date (*mm/dd/yyyy*) _____ **Age:** _____ **Last 4 digits of Social Security #:** _____

Education level obtained as of July, 2017: _____

Most recent education/skills program completed
(include completion date): _____

2017-18 Enrollment Information

Name of Institution: _____

Name of Program or Major: _____

Postal address: _____

Date of first enrollment: _____

Degree / Credential Sought: _____

Date degree/credential expected: _____

2017-18 academic year start date: _____

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2017-18 Enrollment (continued)

School/Program Contact Person (*Administrator, Registrar or Adviser*):

Name: _____

Title: _____

Email: _____ Phone #: _____

Tuition Amount (\$): _____

Other education-related expenses (\$): _____

Other funding sources you have applied to:

For tax purposes, are you a dependent? **Yes** **No**

If yes, annual income of person who claims you as a dependent: _____

Your monthly income:

your income (list all sources):

other household income (list all persons/sources):

Your Monthly rent / mortgage: _____

Number in household, including you: _____

Number and age of children: _____

Do your children live with you? _____

Race/ethnicity of applicant: _____

Disability (own or dependent):

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Please provide complete information for two references:

(e.g., employer, supervisor, union representative, teacher, mentor, or colleague)

Reference #1 - Name: _____

Email: _____ **Phone:** _____

Position/Relationship to applicant: _____

School Program: _____

Postal Address: _____

Reference #2 - Name: _____

Email: _____ **Phone:** _____

Position/Relationship to applicant: _____

School Program: _____

Postal Address: _____

Please briefly respond to the following questions:

1. What will an Education Support Award help you accomplish?

2. Describe the program in which you are/will be enrolled:

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3. How did you decide on this educational pursuit?

4. What are your educational goals?

5. What is your educational experience?

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Short Essay: In 500 words, tell us what you would like us to know about your personal and educational history.
(use reverse if necessary)