

GENERAL INSTRUCTIONS VOCATIONAL GRANT AWARD

The grant may be used for tuition, fees, books and supplies. It may be used only for usual and required costs of applicant's planned course of study and must be paid directly to the school they will be attending.

WHO MAY APPLY:

Any graduating Senior High School student and/or General Education student receiving a diploma or certificate during the current program year and planning to pursue an eligible Vocational/Technical Course, above and supplemental to High School or Preparatory School, may apply. **In addition to being a U.S. Citizen, each applicant must be a current resident of the State of Arizona on the date this application is filed.**

The definition of an eligible program shall be comparable to that contained in the Federal Vocational Legislation. It is defined as a two-year or less Vocational/Technical Program, culminating in an associate degree, diploma, or certificate less than a Baccalaureate Program (Bachelors Degree).

INSTRUCTIONS:

- Applications and all supporting documents must be in English.
- Incomplete applications will be disqualified.
- Applications must be the original or photocopy of the Arizona State Elks Association application, which has been signed and dated by the applicant and Lodge Official.
- Applications are due to the Lodge closest to the applicant's residence by January 10th. **Any applications received after January 10th will be disqualified.**
- Letters of recommendation must be originals, on one side of a **single** sheet of 8 ½ x 11-inch paper, **signed and dated** by the author and include the author's **work phone number and address.**
- Application and supporting documents must be enclosed in a soft three-hole paper folder. Elaborate folders should not be used. Clear plastic and bulky, hard, heavy binders are inadmissible.
- Application and supporting documents must be arranged in the order detailed below.

Order of Application and Items to be Included:

- A. Application (count as 3 pages)
- B. **Statement** by the applicant of not more than 250 words, summarizing his/her activities, accomplishments, needs and objectives which the applicant thinks qualifies him/her for a grant. The applicant must state his career goal.
- C. A statement from parent/guardian (of dependant applicants only) of 200 words or less summarizing the family's obligations and resources. (State number of children in family, number at home and in college and if there are extenuating medical circumstances.)
- D. **Two** letters of recommendation from educators in authority from schools attended by the applicant. The letters should cover applicant's ability, school work habits, leadership, personality and integrity.
- E. **Two** Letters of recommendation from responsible community members not related to the applicant (excluding educators) detailing the applicant's character and general worthiness, character, industry and disposition.
- F. Official, complete High School Transcript of applicant's grades. Transcripts may be photocopies that bear the original signature and date of the proper school authority.
- G. Armed Forces, Vocational Aptitude, GED test scores and grade or work records may be included.
- H. **Any** copies of exhibits of achievement in scholarship, leadership, athletics community service or other activities. Exhibits should be in chronological order starting with the most current.
- I. Do not include photo portraits of applicant.
- J. The folder should contain no more than 20 pages.

JUDGING IS BASED ON THE FOLLOWING:

1. **MOTIVATION-** General worthiness, desire
2. **NEED-** Financial need, resourcefulness
3. **SKILLS-** Showing aptitude for chosen vocation
4. **ORGANIZATION OF APPLICATION-** Neatness, completeness and following directions

Grant Recipient Information:

- Vocational Grant expires 17 months from the date of the award.
- Payment will be made directly to the school after proof of registration.
- Grant is subject to cancellation or withdrawal if student's conduct is contrary to the principles of law and morality supported by the Elks.
- The recipient must be willing to have his/her name used in articles related to this Grant Award.
- The first place recipient must be willing and able to speak at the Arizona State Elks Association Convention on the third weekend in June in the year of the award unless other arrangements are made with the State Vocational Grant Chairman.

ALL APPLICATIONS BECOME THE PROPERTY OF THE ARIZONA STATE ELKS ASSOCIATION AND WILL NOT BE RETURNED. Non-Winning applications will be shredded to protect confidentiality. Applicants should make a copy for their own records.



ASSOCIATION

VOCATION GRANT AWARD APPLICATION

Name _____

Address _____ PO Box _____
Street

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Place of Birth (city, state, country) _____ Age _____ Sex _____

Citizenship – United States Yes ☐ No ☐ If not born a United States Citizen, give date and place of Naturalization:

Date _____ Place _____
(City and State)

Name of High School Attending _____

School Address _____ Year Graduating _____

Grade Point Average (GPA) _____ OR

If working toward GED, list issuing school or other program: _____

Address _____ City _____ State _____ Zip _____

Name Vocational / Technical Schools / Community Colleges or Other Schools, Attended or Now Attending:

School Name _____

Address _____ City _____ State _____ Zip _____

School Name _____

Address _____ City _____ State _____ Zip _____

College or Vocations School Planning to Attend:

School Name _____

Address _____ City _____ State _____ Zip _____

Course of Study _____

Date Course will begin _____ 20 ____ Course will end _____ 20 ____

At completion, I will receive: Associate Degree ☐ Diploma ☐ Certificate ☐

Employment record: (List employer, address, date of employment, person to contact about employment, phone, position beginning with most recent):

Activities you are involved in (School or Civic) _____

----- TO BE COMPLETED BY ALL APPLICANTS -----

Budget for full Academic Year of 20 ____ Number of Months ____
 Tuition and fees (per quarter or semester, not monthly) \$ ____ (A)
 Books and supplies \$ ____ (B)
 Travel to and from school \$ ____ (C)

Total of (A+B+C) = TOTAL EXPENSE \$ ____

Less Anticipated income:

Family's Contributions \$ ____ (D)
 Student's Contributions \$ ____ (E)
 Summer earnings \$ ____ (F)
 College Work / Study Employment \$ ____ (G)
 Other Scholarships / Grants / Loans \$ ____ (H)

Total of (D+E+F+G+H) = TOTAL INCOME \$ ____

Amount needed to balance school budget for year
 (TOTAL EXPENSES MINUS TOTAL INCOME): \$ ____

A DEPENDENT APPLICATION
 Parental Financial Analysis

Father's Name ____ Age ____ Occupation ____
 Stepfather's Name ____

Mother's Name ____ Age ____ Occupation ____
 Stepmother's Name ____

Custodial Parent's or Guardian's Marital Status:

Mother:	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Single	<input type="checkbox"/>
Father:	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Single	<input type="checkbox"/>
Guardian:	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Remarried	<input type="checkbox"/>	Single	<input type="checkbox"/>

Custodial Father's Annual Income before taxes (earned from work) \$ ____ (A)

Custodial Mother's Annual Income before taxes (earned from work) \$ ____ (B)

Custodial Guardian's Annual Income before taxes (earned from work) \$ ____ (C)

All other taxable or non-taxable income (yearly):

Welfare	\$ ____ (D)
Unemployment	\$ ____ (E)
Child Support	\$ ____ (F)
Alimony	\$ ____ (G)
Pension	\$ ____ (H)
Social Security / Disability	\$ ____ (I)
Interest	\$ ____ (J)
Other	\$ ____ (K)

Gross Income Total (A+B+C+D+E+F+G+H+I+J+K) = \$ ____

Total of dependent children living in your household ____ Names and ages of dependent children ____

Number of dependents attending college currently ____ Expected graduation date ____

Name of family member(s) and College(s) (excluding the applicant) ____

Medical / Dental expenses not paid by insurance in current year \$ ____

AN INDEPENDENT APPLICATION

MARITAL STATUS: Single ☐ Married ☐ Living with significant other ☐

Spouse / Partner's name _____ Age _____ Occupation _____

Applicant's annual gross income before taxes: \$ _____ (A)

Spouse / partner's annual gross income before taxes: \$ _____ (B)

All other taxable or non-taxable income (yearly):

Welfare	\$ _____	(C)
Unemployment	\$ _____	(D)
Child Support	\$ _____	(E)
Alimony	\$ _____	(F)
Pension	\$ _____	(G)
Social Security / Disability	\$ _____	(H)
Interest	\$ _____	(I)
Other	\$ _____	(J)

Gross Income Total of (A+B+C+D+E+F+G+H+I+J); \$ _____

Value of Investments (Property, equity, IRA's, CD's, Stocks, Bonds) \$ _____

Names and ages of any dependents under 18 or disabled (excluding applicant): _____

Medical / Dental expenses not paid by my insurance in current year \$ _____

I certify that all information in this application is true:

Signature of applicant _____ Date _____

-----**FOR LODGE USE ONLY BELOW**-----

This application, with attached exhibits, has been reviewed and conforms with the rules as set forth by the Arizona State Elks Association.

Date: _____ 20 _____ Lodge Name JEROME Number 1361

Signed _____
Lodge Scholarship Chairman / Exalted Ruler / Secretary