



**Dormant Application**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_  
Title of Applicant \_\_\_\_\_ or \_\_\_\_\_

Please answer the following questions concisely in the appropriate box where indicated.

If you are applying for the **Basic Membership Grant** please provide the following information:

- Name of employer or company \_\_\_\_\_
- Address of employer or company \_\_\_\_\_
- Title/Position \_\_\_\_\_
- Contact information (mail) \_\_\_\_\_ (tele) \_\_\_\_\_
- Job location/department or company \_\_\_\_\_

If you are applying for the **Graduate Student Grant** please provide the following information:

- Name of university or education institution attending \_\_\_\_\_
- Degree program \_\_\_\_\_
- Graduation date \_\_\_\_\_

Concise answers to the following questions are required to be entered on the application committee \_\_\_\_\_

Do you self-identify as female? \_\_\_\_\_

**Optional** Demographics Information (Please consider checking all that apply)

- **Ethnic Origin**  
African \_\_\_\_\_ African American \_\_\_\_\_ Arab \_\_\_\_\_ British \_\_\_\_\_ Asian or Asian American \_\_\_\_\_  
Hispanic \_\_\_\_\_ South and Central Asia \_\_\_\_\_ European \_\_\_\_\_ South American \_\_\_\_\_ Latin  
Central and South American \_\_\_\_\_ African \_\_\_\_\_ West Central Asia \_\_\_\_\_ Middle Eastern  
\_\_\_\_\_ Buddhist \_\_\_\_\_ Mixed \_\_\_\_\_ Other \_\_\_\_\_ Prefer not to disclose \_\_\_\_\_
- **Race**  
Under \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ Prefer not to disclose \_\_\_\_\_
- **Disability**  
Physical \_\_\_\_\_ Mental \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_ Prefer not to disclose \_\_\_\_\_
- **Sexual Orientation**  
Straight \_\_\_\_\_ Gay \_\_\_\_\_ Bi \_\_\_\_\_ Lesbian \_\_\_\_\_ Other \_\_\_\_\_ Describe if applicable  
\_\_\_\_\_ Prefer not to disclose \_\_\_\_\_
- **Veteran** \_\_\_\_\_ \_\_\_\_\_ Prefer not to disclose \_\_\_\_\_
- **Foreign Born** \_\_\_\_\_ \_\_\_\_\_ Prefer not to disclose \_\_\_\_\_

Please include Personal Statement of Interest no more than 100 words to be included for provided \_\_\_\_\_

Insert name of applicant here and sign below \_\_\_\_\_ Date \_\_\_\_\_



**Personal Statement of Interest**  
no more than 500 words

File

Statement



**Personal Financial Statement**

Name  
Address  
Mailing Address  
Contact Phone No.  
Date of Birth      or      or

Please answer the following questions to the best of your knowledge to the best of your ability.

**EMPLOYMENT**

- Are you employed?
- If so, is it full-time or part-time?
- If employed, please provide employer name and business address.
- If employed, are you eligible to receive reimbursement from your employer of expenses?

**DEPENDENT**

- Are you listed as dependent on the income tax return of your parent/s?
- If you are dependent for the credit, are you dependent for education?

Please describe your other financial assistance to receive education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following of the date of your birth.

<u>ASSETS</u> [Note: List all assets at current value]		<u>LIABILITIES</u>	
<input type="checkbox"/> Cash and checking accounts	<input type="checkbox"/> Credit card debt and other obligations	<input type="checkbox"/> Investments in real estate (e.g., home)	<input type="checkbox"/> Education loan debt from financial institution including debt of parents incurred to cover tuition
<input type="checkbox"/> Savings and investment accounts	<input type="checkbox"/> Other student loans for the credit	<input type="checkbox"/> Other investments	<input type="checkbox"/> Other student loans for the credit
<input type="checkbox"/> Other assets	<input type="checkbox"/> Other student loans for the credit	<input type="checkbox"/> Other assets	<input type="checkbox"/> Other student loans for the credit
<input type="checkbox"/> Total Assets	<input type="checkbox"/> Total Liabilities	<input type="checkbox"/> Total Assets	<input type="checkbox"/> Total Liabilities

I certify that the information provided is true and correct. Insert name of applicant.

Signature  
Date