George Washington Carver Alumni Association

Quick Start Grant Application

Phone: (832)888-3441 Email: mhleehosey@aol.com

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

Anticipated Certificate/Vocational Program Enrollment

Anticipated Program: _____ Program Duration: _____ Start Date: _____

Program Cost: _____ Expected Graduation: _____

References

Please list two references.

Full Name: _____ Relationship: _____

Phone: _____ Additional Info: _____

Full Name: _____ Relationship: _____

Phone: _____ Additional Info: _____

Additional Information

Applicant must be able to meet with a committee member via phone or in person for interview.

Grant awarded will be paid directly to the school unless recipient can provide receipt to show proof of prior payment. Half of grant will be issued at the beginning of the program and second half awarded at the completion of the program. Grant/scholarship amounts will vary.

Essay Requirement

Please describe in 1-2 pages, why you have chosen this vocational program and your desire to receive the George Washington Carver Alumni Quick Start Grant. Submit this form and essay to mhleehosey@aol.com.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____