



Educational Grant Application

Send completed application to: Deb@BetheChange3E.org

Applicant:

Date: _____

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Email: _____ Cell Phone: _____

Age: _____

*Marital Status: _____ *Race: _____ *Gender: _____

* optional responses

Educational Grant Request:

Total dollar amount requested (up to \$500): _____

Purpose of the grant: _____

Organization you are receiving the education from: _____

Does the grant pay for the full expense or a portion?: _____

If a portion, what is the total cost needed?: _____

If funds are needed for other expenses, please indicate who would receive the funds:

Financial Need:

What is your personal annual income?: _____

What is your household annual income?: _____

How large is your household? _____ Children 18 and younger? _____

The educational grant opportunities are funded through community support.
Please contact Deb at Be the Change 3E for more information Deb@BetheChange3E.org



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Narrative . Please provide a brief response to the below questions:

How have you been impacted by incarceration?

What is your plan to be economically self-sufficient? (Please include the goal and timeline to achieve.)

How will the educational grant from Be the Change 3E help you achieve your goal?
