

Please fill in all spaces, if something does not apply write N/A.

General Information

Date

Last Name	First Name/Middle Initial
Social Security #	Previous Names
Street Address	City/State/Zip
Cell Phone Number	Personal Email Address
Marital Status Single Married Divorced Widowed	School Email Address
Will the number in your household change during your education? (Are you pregnant or children moving in or out?)	Is anyone else contributing to your living expenses? (Parents, significant other?) If yes, explain. YES NO

Family Information- (Start with yourself and include all other current household members.)

First Name	Last Name	Relationship to applicant	Gender	Age	Date of Birth
		Applicant			

If more than five are in your household, check box and continue to list additional members on another sheet.

Current Employment (If not currently employed, write NONE in the "Company Name" field.)

Company Name	City & State	Start date	Wage per hour
Supervisor Name	Phone Number	Full or part-time?	Hours per week?
Position title and brief job description			Monthly Income \$

Please list all other sources of household income.

Examples: employment, social security, disability, unemployment, alimony, child support, etc.

Type	Amount	Received how often
<i>Earned income</i>		

Rent Expenses

Do you currently Rent or Own your Home?		RENT <input type="checkbox"/>	OWN <input type="checkbox"/>
RENTAL Information		OWNERSHIP Information	
Type of Lease- <input type="checkbox"/> Monthly <input type="checkbox"/> 6 Month <input type="checkbox"/> Annual		Monthly Mortgage Payment \$	
Total Monthly Rent \$ Is Rent Current? (if not, please explain)		Amount paid by you each month \$	
Are you currently receiving federally subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is anyone contributing to your mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Assistance		How much do they contribute? \$	
Amount paid by you \$		\$	
Amount paid by Assistance \$		Do they live with you?	

Childcare Expenses

Childcare – average costs per month None <input type="checkbox"/> \$	Are you receiving childcare assistance from the Department of Social Services? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, how much? \$
Childcare Provider Name	Who is your DSS caseworker and phone number?
Childcare Contact Name & Phone Number	

Food Expenses

Average Food Costs Per Month	Where do you typically shop for food?
Are you currently receiving food stamps? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how much and what day each month?	Who is your DSS caseworker and their phone number?

Medical Information

Do you have Medical Assistance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have BadgerCare? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you receive benefits from another source? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, from where and how much?	

High School Academic Information

Name of High School	City/State
Did you receive a high school diploma, HSED, GED? Diploma <input type="checkbox"/> HSED <input type="checkbox"/> GED <input type="checkbox"/>	What was your average GPA in high school?

Other College Academic Information

If you previously attended college, are planning to or have transferred credits already, complete this section.

Name of College	City/State
How many credits did you complete?	What was your cumulative GPA ?
How many credits will be transferring in?	
List all dates of attendance below: From _____ To _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what degree or certificate did you receive?	List clubs or organizations you participated in.

Marian University Academic Information

If you are currently enrolled as a student or have been officially admitted at Marian University, complete this section.

If already a Marian student, which semester did you start? (Check) <input type="checkbox"/> Fall <input type="checkbox"/> _Spring <input type="checkbox"/> Winterim <input type="checkbox"/> Summer	If transferring to Marian, which semester will be your first? (Check) <input type="checkbox"/> Fall <input type="checkbox"/> _Spring <input type="checkbox"/> Winterim <input type="checkbox"/> Summer
What year?	What year?
What is your current student status? (Check one below) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	What is your cumulative GPA?
What is your major?	What is your minor?
Who is your current academic advisor at Marian?	
Are you satisfied with your major (career) choice? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, what major (career) changes would you make if any and why?	
List clubs and/or organizations you have in the past or currently participate in.	
Have you volunteered or participated in community service? If yes, provide month, year, and description of activity.	

Monthly Expenses

Please list all your bills you pay on a monthly basis, and any anticipated bills you may be expected to pay

Type of Expense	Amount paid by Me	Amount paid by Other	Name of Other
Rent			
Heat/Gas/Electric			
Water			
Cable/TV			
Internet Service			
Cell Phone/Telephone			
Food			
Childcare			
Clothing			
Car Payment			
Car Insurance			
Auto Fuel			
Insurance - Other			
Medical Expenses			
Prescriptions			
Miscellaneous			
Credit Cards			
TOTAL			

Additional Questions:

1. Have you ever declared bankruptcy? YES NO If yes, what year? _____.

2. What is your primary source of transportation? _____

3. If automobile, indicate year/make/model _____

Criminal Background Check

I agree to authorize a criminal background check. I agree to provide the information requested below and any additional information that may be requested or required.

_____ (Your initials)

Please read and initial the following statement of application completion:

I understand that my application must be completed fully and accurately, be initialed and signed where indicated, and be submitted with all required documents to be considered. Otherwise, my application will be declined. Furthermore, I understand that any expenses I incur pertaining to this application are my responsibility, and will not be reimbursed.

_____ (Your initials)

Application Essay Question

The essay is an important part of the application, and may weigh heavily in the selection process. It is crucial to follow the essay guidelines listed below:

- 2000 word maximum
- Typed
- Front side of paper only (No double sided)
- Double spaced, size 12 font
- Begin essay with "My name is" and address/answer the following key points/questions:
 - Tell us a little about yourself, your family, and your current situation.
 - Tell us a little about your past, your challenges, and your accomplishments.
 - Explain why a college education is important to you and to your children.
 - What are your career goals? Describe what career you wish to pursue and why.
 - Explain how you think the program will make a positive difference for you and your children.
 - Describe your strongest characteristics.
 - Have you volunteered in the community? Describe the types of service experiences you have had.
 - Explain how you can give back to the community through volunteerism, if you become a participant.
 - Why should we select you, over all of the other competing candidates?



Admission Status *(Check one that best describes your current admission status to the University)*

I am a current or returning Marian University student who has registered (or is considering registering) for classes for the next academic session. I grant permission for WFG to request/retain records from the Office of Admissions, Registrar, or Financial Aid at any time as needed.

I have applied for admission (or re-admission) to Marian University, have been officially accepted, but have not registered for classes at Marian University. I grant permission for WFG to request and retain a copy of my acceptance letter, admission file, application, financial aid award, transcripts, and other records as needed from Marian University at any time.

I am in the process of applying (or re-applying) for admission to Marian University, and have not been officially accepted. I grant permission to WFG to verify the status of my application from any office as needed.

I have not applied to Marian University at this time.

Checklist *(Items listed below must be submitted with the application as indicated)*

Check "Yes" or "No" on each line for item(s) enclosed:

YES NO Essay (required)

YES NO Resume (required, unless you have never been employed)

YES NO Copy of Federal tax return (required, unless you have not filed a tax return in the past 2 years)

YES NO Professional References (3)

Read carefully then initial statement:

I understand that applying for admission to Marian University is separate from the Working Families Grant application process and selection for a WFG grant does not guarantee that Marian University will admit me. I understand the WFG Program is designed to fund a limited number of participants, and due to a high number of applications and competitive arena, I might not be selected as a participant. **I understand that I should carefully consider my individual situation and family needs, and make an informed decision about my educational future independent of my application for the Working Families Grant program.** _____(Your initials)

Authorization of release of information:

I certify the information provided in this application for the Working Families Grant (WFG) program is accurate and complete to the best of my knowledge. By signing this release, I authorize WFG to collect, verify, and retain all application information, and grant permission to forward a copy of this release to any Marian University office for purposes of this application. I authorize any party having information bearing on my qualifications for the WFG program to release information to the program. I also release from any and all liability all individuals and organizations who provide information to the WFG program in good faith and without malice concerning my qualifications and character. I understand I will be expected to comply with all application and participation requirements. I understand that if it is believed or determined that I have failed to fully disclose or have falsified information, misrepresented myself, or conducted myself in an inappropriate way, I may be terminated from consideration and/or participation. I understand that this application, documents submitted, and/or information collected may be reviewed by the WFG administrative team and selection panel only, and will become property of the WFG program.

(Print) First and Last Name

Signature

Date