Educational Grant Application

PLEASE TYPE OR PRINT. Complete the entire application and return to WMMIAEC (choch@towerpinkster.com) on or before August 31st. Please be sure to include the required documentation, written information requested, and sign the application.



| Name (Last, First, Middle Initial): | |
|---|---|
| Mailing Address: | City, State & Zip: |
| Primary Phone: | Other Phone: |
| Email Address: | |
| Other Address: | City, State & Zip: |
| College / University: | Major: |
| Currently enrolled or accepted: Yes No | Expected Graduation Date (Month/Year): |
| Type of Degree Program (enrolled / pursuing): 2 year Associates 4 year Bachelors 5 year Master's Master's Other (indicate) | Current Year of Study: Have not yet started Freshman Sophomore Junior Senior Graduate / Master's |
| 1. How did you learn about this grant opportunity? | |
| 2. Have you been awarded grants through our organization in the past? Yes No | |
| 3. If yes, what calendar year(s) did you receive the grant(s)? | |

Application Requirements

Include the following information to be considered for a WMMIAEC grant:

- 1. Printed, completed, and signed WMMIAEC application.
- 2. A professional resume.
- 3. In a document, please write out a brief description of your educational and career goals, a statement explaining your need for financial assistance, your intent to reside and work in the West Michigan area upon completion of your education and a copy of your current educational transcript. (If you are a newly enrolled student, please provide proof of enrollment or acceptance at your educational institution)

| Please indicate your gender and ethnicity: | |
|--|---|
| Gender: Female Male Nonbinary Prefer Not To Say | Ethnicity: African American American Indian/Alaskan Native Asian Hispanic Multi-Racial Native Hawaiian Pacific Islander White/Caucasian |
| *This is a voluntary self Identification Process | |
| PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. | |
| I affirm that all of the information provided in grant application is true and complete. I understand that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for grant monies, may result in repayment of grant monies awarded, or if employed with a WMMIAEC member firm, may result in dismissal. | |
| I authorize and agree to cooperate with any verification of information, including education. I release from all liability all persons and corporations requesting or supplying such information and waive any right to notice of disclosure unless protected by law. | |
| Applicant Signature: | Date: |

The completed application and requested information must be received by WMMIAEC before August 31st. Final selections and grant awards will be made in September each year. For more information about WMMIAEC visit www.wmmiaec.org. Other questions can be emailed to choch@towerpinkster.com.