

Application Number: _____
(For official use only)

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Application for Online Colleges.Org Support a Student Scholarship

APPLICANT REQUIREMENTS

- Applicant must be attending an accredited post-secondary institution.
- Applicant must be a single parent.
- Applicant must currently be receiving some type of financial aid.
- Applicant must be participating in an online degree program, which is either primarily taken online, or which has a material online component.

APPLICATION DEADLINES

Please submit your application as early as possible. Only the first 100 applications will be considered for the Scholarship. Applications must be emailed or postmarked by **November 1, 2011**. The student awarded the Scholarship will be notified on or about December 1, 2011. Funding for the Scholarship recipient will begin on or about January 1, 2012.

Scan and Email Application to: **applications@educationaid.org**. (Use Subject Line: "Support A Student Scholarship")

OR

Mail Application to: Education Aid, Inc.
24 W Railroad Avenue
PMB 149
Tenafly, NJ 07670

Answers can be typed directly into the PDF application online or hand written. Please print clearly for all hand written applications. All applications must be **printed out and signed**. For more information or help in filling out this application, please email **applications@educationaid.org**. Any applications that are deemed illegible, incomplete, or not completed according to these instructions in the sole discretion of Education Aid, Inc. will not be considered for the Scholarship.

Please note that your initials are required at the top right hand side of each page of the application where it reads "Initial Here".

APPLICANT CONTACT INFORMATION

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Primary Phone Number:

Email Address:

1. What is the name of the school/institution that you are currently enrolled at?

2. What type of online degree are you working towards? (*Please Check One*)

- Certificate Program _____
- Associates Degree _____
- Bachelors Degree _____
- Professional Degree _____
- Masters Degree _____
- Other, please specify _____

3. What is the name of the program that you are currently enrolled in?

4. Please indicate below the parts of your program that occur online vs. in the classroom.
(*Please Write Online or Classroom Next to the Appropriate Part OR Check "Everything is Done Online" if Applicable*)

- Everything is Done Online _____
- Class _____
- Tests _____
- Paper Submission _____
- Class Discussion _____
- Other (*Please Specify What Part and Whether it Occurs Online or in the Classroom*)
 - Part _____
 - Online or Classroom _____

5. Are you a full time or part time student? *(Please Check One)*

- Full Time _____
- Part Time _____

6. Please indicate the following below: the number of credit hours required to complete your program; the number of credit hours that you will have completed when you start the Spring semester in January 2012; and the number of credit hours that you will be enrolled in for the Spring 2012 semester.

- Credit Hours Required to Complete Program _____
- Credit Hours Completed as of January 2012 _____
- Credit Hours Enrolled in for Spring 2012 _____

7. Do you own your own computer? *(Please Check One)*

- Yes _____
- No _____

8. Where do you study and take your classes? *(Please Check One)*

- At home _____
- At a public library _____
- At the school's library _____
- At an establishment with free internet access _____
- At an establishment where I pay for internet access _____
- Other, please specify _____

9. Do you have children?

- Yes _____
- No _____

10. How many children do you have?

11. Are you a single parent? (*Please Check One*)

- Yes _____
- No _____

12. Where do you live? (*Please Check One*)

- On campus _____
- With parents/family _____
- My own apartment/house off campus _____
- Other, please specify _____

13. Please indicate which of the following government support programs you currently qualify for. (*Please Check All that Apply*)

- Welfare _____
- Food Stamps _____
- WIC Program _____
- Section 8 Housing Vouchers _____
- Medicaid _____
- Other, please specify _____

14. Please list the amounts that you receive each month from the programs listed below.

- Welfare \$ _____
- Food Stamps \$ _____
- WIC Program \$ _____
- Section 8 Housing Vouchers \$ _____
- Other Specified in Question 13 \$ _____

15. Do you receive financial support from family or friends? (*Please Check One*)

- Yes _____

- No _____ (if no, proceed to question 17)

16. Please list on average, the amount of money that is being contributed towards the following expenses by your **family/friends** each month and each semester.

Each Month

- Rent: \$ _____
- Groceries: \$ _____
- Utilities: \$ _____
- Transportation: \$ _____
- Childcare/Babysitter: \$ _____
- Child Support \$ _____
- Other (*Please Specify Expense and Amount*)
 - Expense _____
 - Amount \$ _____

Each Semester

- Tuition: \$ _____
- Textbooks: \$ _____
- School Supplies: \$ _____
- Other (*Please Specify Expense and Amount*)
 - Expense _____
 - Amount \$ _____

17. Please list the names of all organizations that currently provide you with financial aid in the following categories. Please include Grant/Scholarship name where appropriate.

Federal Loans _____

State Loans _____

Private Bank Loan _____

Federal Grants _____

State Grants _____

Scholarship from Foundation _____

Scholarship from Private Company _____

Other, please specify _____

18. Please list the total amount of money that you receive each semester from all organizations in the following categories:

- Federal Loans \$ _____
- State Loans \$ _____
- Private Bank Loans \$ _____
- Federal Grants \$ _____
- State Grants \$ _____
- Scholarship from Foundation \$ _____
- Scholarship from Private Company \$ _____
- Other Specified in Question 17 \$ _____

19. Are you currently employed? (*Please Check One*)

- Yes _____
- No _____ (if no, proceed to question 24)

20. What type of job do you have? (*Please Check One*)

- Work Study Program _____
- My Own Job Off Campus _____

21. What is the name of your current employer(s)?

22. How many hours each week do you currently work, on average?

23. How much do you earn per week at your current job, on average?

\$ _____

24. On average, how much does it cost you each month for the following expenses:

- Rent \$ _____
- Groceries \$ _____
- Electric/Gas \$ _____
- Internet Access \$ _____
- Transportation \$ _____
- Childcare \$ _____
- Other (*Please Specify Expense and Amount*)

- Expense _____

- Amount \$ _____

25. On average, how much does it cost each semester for your:

- Tuition \$ _____

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- Textbooks \$ _____
- School Supplies \$ _____
- School Meal Plan \$ _____

26. Have you ever considered dropping out of school because you cannot afford to pay your living expenses? *(Please Check One)*

- Yes _____
- No _____

27. Please briefly explain below how this type of financial support will enable you to finish your education and make a difference in your overall academic experience. *(Please Send On Separate Page If More Space Is Required)*

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APPLICANT SIGNATURE

By signing below, you certify that the information you provided on this application is complete and true. You are giving Education Aid, Inc. permission to verify any statement on this application, and to obtain the necessary information from all persons, organizations, and public or private entities reported on this application.

We may request additional information from you to process your application more efficiently. We will collect this additional information only as needed and on a voluntary basis.

Signature of Applicant _____

Print Name of Applicant _____

Date _____