

**Eastern Star Charity Foundation of New Jersey, Inc.**

*To live our obligation by providing "aid to members in their misfortunes" and educational support for the future.*

**APPLICATION FOR LIFE SKILLS GRANT**  
Maximum two (2) Grants up to \$1,500.00 each

Statement: This grant will be determined upon financial need of the member Applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

**CERTIFICATION OF ELIGIBILITY**

I hereby certify that I am a member in good standing of \_\_\_\_\_  
Chapter No. \_\_\_\_\_ Order of the Eastern Star of New Jersey

\_\_\_\_\_  
Signature of member applicant

Date: \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I hereby certify that I have read the Application containing the rules and regulations of The Eastern Star Charity Foundation **LIFE SKILLS GRANT AWARD**, and that the facts contained in the application are true and correct. I understand that any funds made available to me as a result of the application will be paid by the Eastern Star Charity Foundation, Inc. and that the **continuation of the Award will depend on Certification Satisfactory performance in order to receive a second grant. I understand that if I do Not complete my program for any reason, I must refund the money given to me to The Charity Foundation.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of member Applicant

This application must be accompanied by an essay of 200 words or less on why you have chosen the LIFE SKILLS GRANT, proof of school application and a letter from the Chapter Secretary stating you are a member in good standing.

Application to be returned to Life Skill Grant Chairman: Sr. Elaine M. Dukin, PGO

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What school or trade school have you made application for? Please include copy of the course outline from the school or trade school \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

What course do you intend to pursue and what profession do you intend to practice \_\_\_\_\_

What is total cost of the course you are applying for? Please include your tuition statement. \_\_\_\_\_

List your work experience for the past five years: \_\_\_\_\_

Is this course being pursued online? \_\_\_\_\_

If you must travel to classes, what is the mileage to school? \_\_\_\_\_

APPLICANT:

What is the total amount of the grant you are applying for? \_\_\_\_\_

- 1. What were your earning in the past year? \_\_\_\_\_
- 2. What is the current balance in your savings account? \_\_\_\_\_
- 3. What is the current balance in your checking account? \_\_\_\_\_
- 4. Are you the only wage earner in your household? \_\_\_ YES / \_\_\_ NO
- 5. If not what are your other sources of income? \_\_\_\_\_
- 6. Include additional income source. \_\_\_\_\_
- 7. What is the current balance of total investments? \_\_\_\_\_
- 8. Are you currently employed? \_\_\_ YES / \_\_\_ NO  
Name of employer? \_\_\_\_\_
- 9. What is your position with this employer? \_\_\_\_\_
- 10. Will this grant increase your earning capabilities? \_\_\_ YES / \_\_\_ NO

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11. Hourly wages/ Annual salary? \_\_\_\_\_

12. What was the adjusted Gross Income for yourself or family? \_\_\_\_\_

13. Number of dependents? \_\_\_\_\_

Please send us a copy of your completed course, grade, as well as your date of graduation or Certification that you have finished the course.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: Elaine M. Dukin PGO  
Board of Director  
Life Skills Grant Coordinator  
8 Oakwood Village Apt 3  
Flanders, NJ 07836