

Educational Assistance Initiative REQUEST FOR SUPPORT

We encourage you to fully complete the application to ensure that your request is reviewed by the committee in a timely manner. **Please type all responses.**

Section 1: Personal Information

Name:	Today's Date:
Street Address:	Current School:
City, State & Zip Code:	Current Year:
Email address:	Phone Number:

Section 2: Referral Information (If Applicable)

Agency/Organization:	Phone Number:
Caseworker/IL Worker:	Email Address:

Section 3: Short Essay

On a separate piece of paper, write a short narrative including the following information:

- Tell us a little about yourself.
 - What child service system are you involved with? (Foster care, mental health, etc.)
 - What are your favorite activities and interests?
 - What is your career of interest and why?
 - What is your educational/vocational plan?
- What do you need funding for? (e.g. laptop, bus pass, application fees, work uniforms, etc.)
- What difference would this funding make in completing your education/training?

A complete application will include:

1. This application form
2. Your short essay with typed responses
3. The Proof of Enrollment/Letter of Acceptance you received from your educational program

Send your application to:

**Family Services of Western PA
ATTN: Barrie Ward
321 Central City Plaza
New Kensington, PA 15068**

Via email to wardb@fswp.org or via fax to (724) 335-2730

If you have any questions, please contact Ms. Barrie Ward at (724) 335-9883.

Applications are accepted at anytime and are reviewed on a quarterly basis (or sooner, depending on the urgency of the request). If your request is approved, Family Services may contact you to monitor your success.

Good Luck!

