JAC Fund Application
A Helping Hand for Career and Job Seekers

The purpose of the JAC Fund is to provide support for individuals looking to further their careers. ***This funding is intended to assist the disadvantaged and is not available as routine scholarship support for 'traditional' college students.*** The applicant must be a Sullivan County, Indiana resident needing financial assistance. This is to assist with registration fees, books, certification fees, G.E.D. expenses, and/or materials/uniforms/safety equipment required for career advancement. Such fees may be related to trade school, two-year college program or a vocational school *for a **non-traditional student***. Funding in the range of $50.00 to $300.00 is available.

Name:_____

Address:_____ State:_____ Zip _____

Phone Number: (_____) _____-_____ Email:_____

High School attended: _____ Graduation (month/year)_____

Date of Birth: _____ Marital Status: _____ Number of dependents: _____

Please provide a brief description on how you intend to use this grant and how this grant will make an impact in furthering your career. Please include the name of the course, location where you will be taking the course, and the name of the provider. (*You may extend your narrative to the back of this page if necessary.*)

_____

_____

_____

_____

Please provide a ***brief explanation about the financial circumstances that render you at a disadvantage in reference to your ability to pay for this course, registration fee, or other job/career related expenses*** as mentioned above: (*You may extend your explanation to the back of this page if necessary.*)

_____

_____

_____

_____

Date of course to begin:_____ Approximate Cost or Range: $_____

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge. I give my consent for the personal references and/or counselors to provide information for consideration in the selection process. If I am selected to receive an award from the Wabash Valley Community Foundation, I consent to having my mailing address provided to the fund creators/advisors.

_____ _____

Signature Date

Please attach a letter of recommendation by a non-relative familiar with your needs, goals, character and work ethic. Please submit to:

Wabash Valley Community Foundation
200 S 8th Street
Terre Haute, In. 47807
Ph. 812.232.2234 / Fax 812.234.4853