



Philadelphia Yearly Meeting of the Religious Society of Friends

MARY JEANES & ANNE TOWNSEND GRANTS

POST-SECONDARY FINANCIAL AID FOR PYM MEMBERS AND CHILDREN OF MEMBERS

APPLICATION FORM

APPLICATION POSTMARK DEADLINE = MAY 1 (AWARD NOTIFICATION BY JULY 1)

FOR ACADEMIC YEAR BEGINNING IN THE FALL

ALL REQUIRED MATERIALS MUST BE INCLUDED; INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

IMPORTANT - CHECKLIST FOR REQUIRED APPLICATION MATERIALS:

- 1) ___ This completed Application Form
- 2) ___ Transcript from your most recent school ("official" version not required)
- 3) ___ Personal statement detailing your course of study and vocational plans (1 page)
- 4) ___ Most recent Federal Income Tax Form(s) (1040) for Applicant and/or person(s) responsible for school expenses (Social Security numbers should be inked out. Do not send 1040 schedules/attachments unless necessary to illustrate extraordinary circumstances.)
- 5) ___ Letter or email from your Meeting Clerk affirming membership (**not required for last year's recipients**)
- 6) ___ Letter or email of recommendation from a teacher/coach/advisor (**not required for last year's recipients**)

APPLICATION INFORMATION *I hereby make application to the Post-Secondary Granting Group of Philadelphia Yearly Meeting for a grant for post-secondary study.*

Name of Applicant: _____ Meeting: _____

Date of birth: _____ Date of Application: _____ Academic Year for which grant is requested: _____

Name of school which you expect to attend in the Fall: _____

(If not yet known, leave blank and contact us by May 1st with this information)

Number of previous years at this institution: _____ Expected date of graduation: _____

Course of study (major or field): _____

APPLICANT STATUS – Please check (✓) all that apply:

- This is my first application for a Mary Jeanes or Anne Townsend Grant.
- I have received Mary Jeanes grants/loans: Year(s)/Amount(s): _____
- I have received Anne Townsend grants: Year(s)/Amount(s): _____
- I have not registered with the Selective Service System as a form of non-violent civil disobedience in support of the Quaker Peace Testimony. Accordingly, I am forfeiting my eligibility for guaranteed federally-subsidized loans and respectfully request that you take this into consideration in my application.

Applicant Signature

Date

Please provide contact information and check (✓) the address to which a grant check could be sent in July/August:

Permanent Contact Information:

Send grant check to permanent address

Dates to Use this Address: _____

Street _____

City, State, Zip _____

Phone _____

E-mail _____

School Contact Information:

Send grant check to this address

Dates to Use this Address: _____

Street _____

City, State, Zip _____

Phone _____

E-mail _____

Funding Agreement

The applicant is asked to affirm the following:

In consideration of a grant to me by the Mary Jeanes or Anne Townsend Fund of Philadelphia Yearly Meeting (“PYM”), I affirm the following:

1. I acknowledge that grant checks will be made payable to me, personally, and I agree that all grant proceeds will be used by me exclusively for post-secondary educational expenses.
2. I agree to notify PYM in writing of any changes in my contact information.
3. In receiving this grant, I acknowledge that the Mary Jeanes and Anne Townsend Funds are resources of the religious community (PYM) of which I am a member, and that it is by virtue of my membership in this community that I am being considered for a grant.
4. **For applicants who are prior recipients of Mary Jeanes Loans only** — I acknowledge that I remain responsible for any Mary Jeanes loans I have received prior to 2013 and I commit to making regular loan repayments as previously agreed. I accept a moral responsibility, as well as a legal one, to make repayment a priority so that others may also enjoy the educational funding benefits I have had.

APPLICANT SIGNATURE

Sign below

Signature of Applicant	Date	Phone number	email
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OR - PARENT/GUARDIAN SIGNATURE

Complete section below if Applicant is a financial dependent (for tax purposes):

I, the Parent/Guardian of the above-named student, promise to ensure that my son/daughter/ward will use any grant awards solely for educational purposes and will repay any pre-2013 Mary Jeanes Loans upon graduation.

Signature of Parent or Guardian	Date	Phone number	email
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MARY JEANES & ANNE TOWNSEND FUNDS
FINANCIAL INFORMATION WORKSHEET

③

To be filled out by the Applicant and/or the Person(s) financially responsible for the Applicant.

Please check (✓) one:

- Applicant is a financial dependent of his or her parent(s) or guardian(s).
 Applicant is financially responsible for herself or himself.

The questions below should be answered on behalf of the HOUSEHOLD(S) of the Applicant.

1. Name of person(s) with responsibility for payment of tuition and other school bills:

2. Parent(s)/Guardian(s) in Household _____

Occupation(s) _____

Employer(s) _____

Daytime phone number(s) _____ E-mail: _____

(Respond to Question 3 only if separate Households are financially involved.)

3. Parent(s)/Guardian(s) in Household II _____

Occupation(s) _____

Employer(s) _____

Daytime phone number(s) _____ E-mail: _____

4. Dependents' school expenses for current school year: **[Academic Year: 20__ to 20__]**

NAME & Relationship to Applicant (List applicant first)	Name of school	Grade or year in college	Annual cost of schooling (fees, room & board)	Amount paid by parent or guardian	Amount received in grant aid	Amount received in loan aid	Amount received from other sources

5. Dependents' school expenses for coming school year (estimated): **[Academic Year: 20__ to 20__]**

NAME & Relationship to Applicant (List applicant first)	Name of school	Grade or year in college	Annual cost of schooling (fees, room & board)	Amount parent or guardian can pay	Amount that can be paid by loan	Can be paid by other sources

6. Expenses Overview (calendar year)

	Last Year	Current Year	Next Year
Other child care expenses			
Annual rent or mortgage			
Medical/dental expenses not covered by insurance			
Other extraordinary expenses (explain below)			

7. Income Overview (calendar year)

	Last Year	Current Year	Next Year
Salary before taxes – Applicant			
Salary before taxes – Parent/Guardian I			
Salary before taxes – Parent/Guardian II			
Untaxed child support			
Other income -- explain below			

8. Describe any income, money, or other assets held for or in Applicant’s name.

9. Describe financial support Applicant receives from relatives, if any.

10. Use this space to explain any exceptional circumstances not reflected in the information above, or other information that you feel the Post-Secondary Education Granting Group should know for this application.

Signature of person completing this worksheet

Date

Relationship to Applicant