



Guidelines for Student Eligibility for The Assistance League of Seattle's Financial Aid for Education Program

The student must reside in King County and have established residency for in state tuition per school's residency requirements.

The student must not be receiving any similar aid

The student must carry a minimum of 10 hours per quarter and maintain a 3.0 grade point average. A different time frame for a specific course requirement will be taken into consideration.

The student may not have any advanced degrees (BA, BS, MBA).

The student must complete the ALS application form, secure three recommendations, write a brief personal statement for his/her circumstances and goals, and, if a continuing student, submit a transcript of grades.

Applicants should complete an Academic Plan of courses to be taken in college in order to be considered for the scholarship.

A personal interview with two or more ALS FAFE committee members will be arranged with the student upon acceptance of the application and consideration for the FAFE scholarship.

Applications should be received at least three weeks before the quarter's registration to ensure time for processing



Assistance League of Seattle Financial Aid for Education Scholarship Application

Date: _____

College: _____ Qtr: _____ Accepted: _____

Please type or print information:

Name: _____ Student ID#: _____

Address: _____ City: _____ Zip: _____

Birthday Date: _____ Phone number: _____

Email: _____

Total College Credits Completed: _____ Overall *GPA: _____

**You must have at least a 3.0 college GPA to qualify for aid.*

Field of Study: _____

Are you a Washington Resident: Yes _____ No _____ If yes, how long: _____

Are you a resident of King County? Yes _____ No _____ **If No, STOP here. You must be a resident of King County to qualify for FAFE.*

Do you qualify for in-state tuition at your school of choice? Yes _____ No _____

Are you: Male _____ Female _____ Number of Dependents: _____

Marital Status: Single _____ Married: _____ Divorced: _____

Are you receiving financial aid from another source? * Yes: _____ No: _____

If yes to the above, see the list below and check all that apply:

Supplemental Grant: _____ Pell Grant: _____ State Need Grant: _____

Guaranteed Student Loan: _____ Tuition Waiver: _____ Work Study: _____

National Direct: _____ Voc Rehab: _____ Veterans/Soc. Security: _____

Other (please specify):

**Receiving financial aid from another source will disqualify you for FAFE.*

Do you have outstanding student loan debt? No _____ Yes _____ ,

If yes, dollar amount of loans: _____ Are payments overdue? _____

Education History (start with High School):

Name of Schools Attended	City	GPA	Dates	*Degree
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**Having a BA, BS or MBA disqualifies you from receiving aid.*

Academic Activities and/or Awards (attached additional sheet if necessary):

Work Experience

Present Employment: _____

Employer: _____ Address: _____

Hours you work per week: _____ Take home pay per week: _____

Financial Information (be as realistic as possible)

Anticipated Income: _____ Anticipated Expenses per Qtr: _____

Self/Parents/Spouse: _____ Tuition/Fees: _____

Social Security income: _____ Books: _____

Loans: _____

Other: _____

Total: _____ Total: _____

Spouse's Name: _____ Spouse's Occupation: _____

Spouse's Employer: _____

Tell us about your willingness & ability to be a volunteer for Assistance League of Seattle and give back:

Student Assets:

Do you own a home or other property: Yes _____ No: _____

Other investments / Bank Accounts: _____

Do you own a car? Yes: _____ No: _____

Monthly Payments: Yes: _____ No: _____

To complete your application, please:

Complete the attached Academic Plan (or one from your school)

Attach three letters of recommendation:

1 from an academic source

1 from a personal source

1 from a past or present employer

Attach a transcript of your grades

Write below (or separately) a brief statement of your background as a student, your reasons for continuing your education, and your plans for the future.

Date: _____ Signature: _____



Student Information Release Form

I authorize the college to which I have applied to release information related to my application form to the Assistance League of Seattle

I understand this information will only be used for consideration of granting financial aid.

Signed: _____

Student ID #: _____

Date: _____

**ACADEMIC PLAN WORKSHEET (90 CREDITS FOR AA DEGREE)
STUDENT'S PROJECTED COMMUNITY COLLEGE CLASS SCHEDULE**

Student Name: _____ Date: _____

Degree/area of study: _____ **Graduation:** _____

Fall _____	Credits	Fall _____	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Winter _____		Winter _____	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Spring _____		Spring _____	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Summer _____		Summer _____ (continue if necessary)	