



FUNDING APPLICATION

APPLICANT INFORMATION

Mother's Name: _____

Date of Birth: _____

Race/Ethnicity: _____

Address and Zip Code: _____

Telephone Number: _____

Email: _____

Have you previously received funding from the Bartko Foundation? ____ Yes ____ No
If yes, what was the amount received? \$_____ and in what year did you get funded?

HOUSEHOLD INFORMATION

Number of children living with you under the age of eighteen: _____

Names of children in household:

Age of child:

Names and relationship of others living in the household:

Names of others in household:

Relationship:



EMPLOYMENT/FINANCIAL INFORMATION

Are you currently employed: Yes ____ No ____

Name of Employer: _____

Contact Person's Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Your Current Position/Title: _____

Date of Employment: _____

If you are not employed, what current steps are you taking to become employed?

Please list **all** sources of household income. This includes income received by the applicant as well as others living in the household.

<u>Source of Income</u>	<u>Annual Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*****Please attach documentation of all income listed above*****



EDUCATION/TRAINING

Are you currently enrolled in school or a self-sufficiency program? Yes _____ No _____

Name of School/Organization: _____

Address: _____

Telephone Number: _____

List Degree/Certificate and Major: _____

Anticipated Date of Graduation or completion: _____

*****Please attach documentation from your school/organization verifying your participation*****

SPONSORING AGENCY INFORMATION

Agency's Name: _____

Address and Zip Code: _____

Contact Person's Name: _____

Telephone Number: _____ Fax: _____

Email: _____

Sponsoring Agency's Web Address: _____

*****Please attach a letter from the sponsoring agency that explains how the agency is working with the applicant, verifies applicant's self-sufficiency program/actions and, if possible, confirms mother is not married nor has a partner living in her home.**

If applicant is without the benefit of a sponsoring agency, the applicant must include three letters from individuals unrelated to the applicant who can verify that she is a minority woman with dependent children living in her home, who is not married nor has a partner living in her home. ***



DESCRIPTION OF SELF-SUFFICIENCY PROJECT

Please answer the following questions on separate pages to make sure the questions are completely and fully answered.

1. Why do you need this grant and for what are you requesting funding?
2. What have you done on your own to finance this self-sufficiency project?
3. How does this grant get you to self-sufficiency?
4. What other actions are you taking to reach self-sufficiency?
5. How will you know when you have reached self-sufficiency?
6. What is your career goal?
7. What is your dream?
8. What goals have you set for your children?
9. Please tell us how you heard about the Bartko Foundation. Please list the name of the person or agency.
10. How much money are you contributing towards this self-sufficiency project? Amount \$ _____
11. Is the sponsoring agency contributing funding to support this self-sufficiency project? ___Yes ___ No Amount \$ _____
12. Are you receiving financing or a scholarship? Amount \$ _____
13. How much money are you requesting to achieve this self-sufficiency goal? Amount \$ _____
14. **TOTAL AMOUNT OF SELF-SUFFICIENCY PROJECT** \$ _____



VENDOR INFORMATION

Please provide the name of the organization/institution/store from which you wish to purchase the service or product described in the self-sufficiency project section of this application. You must attach documentation from this organization of the service or product that verifies the total cost.

Name of Vendor: _____

Contact Name: _____

Vendor's Address and Zip Code: _____

Vendor's Telephone: _____

Vendor's Email: _____

By signing below, I attest that the information provided above is true, accurate and representative of the self sufficiency goal(s) I have set for myself.

Applicant's Signature: _____ Date: _____

Please return the completed application along with required documentation and attachments to:

Carl Ellis Perkins
Bartko Foundation
P.O. Box 17160
Pittsburgh, PA 15235
412-371-1142
Director@Bartkofoundation.com