**ATTACHMENT F- Edith Oler Flanigan Fund Grant application**

**PENNSYLVANIA BUSINESS AND PROFESSIONAL WOMEN’S FOUNDATION, INC.**

**EDITH OLER FLANIGAN FUND GRANT APPLICATION**

**www.bpwpa.org**

This application must be used for your request to be considered. Applications are to be submitted to PA BPW Foundation Vice Chair (or her designee) as listed on bpwpa.org website. All grant approvals are by the PA BPW Foundation Board of Directors.

**1. PERSONAL DATA:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle) (Maiden)

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number, Street, and Box Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_ Business: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 Digits of SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Marital Status: (Optional) Single \_ Married \_ Separated \_ Divorced \_ Widowed \_

Are you a BPW/PA member? Yes \_\_\_ Since\_\_\_\_\_ No \_\_\_

Name of Your Local Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_

**2. EMPLOYMENT AND INCOME:**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Years Employed: \_\_\_\_\_\_\_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Gross Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Unemployed, Prior Employer and dates employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for termination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay at Termination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prior Salary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment benefit per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **GRANT REQUEST:**

Amount of funds you request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F-1**

PA BPW Foundation EOF Application revised/distributed 2-15-2013

Purpose of Grant Request: Explain how the funds requested meet the criteria for grants from the Edith Oler Flanigan Fund and how the funds will assist you.

Have you applied for assistance or grants elsewhere and been refused? Yes When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Have you ever applied for and/or received an Edith Oler Flanigan grant or loan from BPW/PA previously?  
Yes \_\_\_\_ If yes, what year? \_\_\_\_\_ No \_\_\_\_ Was it a grant (without repayment) or a loan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. FINANCIAL STATEMENT:**

**Your Assets**

Cash on Hand

Cash in Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate -Present Value

Investments -Present Value

Automobile -Present Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance -Cash Value

401K/IRA Retirement Funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Any Other Assets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TOTAL ASSETS: $ \_\_\_\_\_\_\_\_\_\_

(Please use additional sheet of paper to explain, in detail, if necessary.)

**Your Liabilities**

Money owed by you to others, such as: Notes Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Loans \_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Mortgage Balance \_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Home Equity/Lines of Credit \_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Auto Loan \_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Medical Bills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Credit Cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

Taxes Owed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment \_\_\_\_\_\_\_\_\_\_\_

**F-2**

PA BPW Foundation EOF Application revised/distributed 2-15-2013

Other Liabilities (List Type and Amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TOTAL LIABILITIES: $\_\_\_\_\_\_\_\_\_\_

(Please use additional sheet of paper to explain, in detail, if necessary.)

1. **In order for the committee to conduct a thorough review, please answer the following:**

With whom do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does anyone else help you with your monthly expenses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so, how are your household expenses paid or divided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list the total of your monthly expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have any dependents living in your household? Please list and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. REFERENCES:**

List the names, addresses and phone numbers of three character references. (Please do not use the names of relatives.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BPW/PA Member Yes \_\_\_\_ What L.O. & District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BPW/PA Member Yes \_\_\_\_ What L.O. & District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_

Name:

Street Address:

City, State, Zip: Phone:

BPW/PA Member Yes \_\_\_\_ What L.O. & District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_

**F-3**

PA BPW Foundation EOF Application revised/distributed 2-15-2013

**7. ADDITIONAL INFORMATION:**

Please make any additional comments you feel are pertinent to your application, so that the Committee will understand your reasons for your request of this grant. You may include additional pages if necessary.

1. **I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_