

**UNION AID SOCIETY
601 THORN STREET
SEWICKLEY, PA 15143
412-741-9240
info@unionaidsociety.org
www.unionaidsociety.org**

'A STEP UP' SCHOLARSHIP

'A Step Up' provides scholarships for adults over the age of twenty-five to continue their education or update their skills. Funds may be used for tuition, child care, transportation, books or other school related expenses. Applicants must be residents of the Quaker Valley School District and meet Union Aid Society income guidelines. Official verification of completion of the course is required.

Application Process

The application includes:

1. Application form
2. Financial information form with income verification for *all* household members including: current pay stubs, most recent IRS 1040, W-2, 1099, SSI, SSD, TANF, child support etc.
3. Two letters of reference from people who know you well and can comment on your interest in and suitability for this scholarship.
4. An essay describing your goals and how the educational opportunity that you would like to pursue will help you achieve your goals. Include details about the steps you have taken on your own and, if applicable, any barriers that may have prevented you from reaching these goals.

When all application materials have been submitted, reviewed and accepted, a personal interview may be scheduled.

**UNION AID SOCIETY 'A STEP UP' SCHOLARSHIP
APPLICATION FORM**

NAME _____

ADDRESS _____

TELEPHONE _____ **EMAIL** _____

HOUSEHOLD INFORMATION:

NAMES AND AGES OF CHILDREN: _____

NAMES AND RELATIONSHIP OF OTHERS IN THE HOUSEHOLD: _____

EDUCATIONAL PROGRAM INFORMATION

What educational program are you interested in pursuing?

Name of School: _____

Program, degree, major: _____

Program cost: _____

What costs are you requesting financial help with? (Tuition, Child Care, Transportation, Books, etc)

How much will you contribute? \$ _____

How much assistance are you requesting ? \$ _____

Have you applied for other financial assistance? If yes, where? _____

SIGNED _____ **DATE** _____

**'A STEP UP' SCHOLARSHIP
FINANCIAL INFORMATION FORM**

APPLICANT NAME _____

EMPLOYER/OCCUPATION _____

GROSS MONTHLY EARNED INCOME* _____

OTHER SOURCES OF INCOME per month*:

Child Support _____

TANF _____

Food Stamps _____

Other subsidies _____

Social Security _____

Disability _____

ASSETS (Value of HOME, BANK ACCOUNTS, IRA, PROPERTY, VEHICLES)

Home _____ Other property _____

Checking _____ Savings _____ IRA _____

Vehicles _____

INCOME INFORMATION OF OTHER HOUSEHOLD MEMBERS**:

Name/relationship/income _____

Name/relationship/income _____

Name/relationship/income _____

ADDITIONAL INFORMATION REGARDING INCOME

This financial information is accurate to the best of my knowledge:

Signed (applicant) _____

Date _____

**Attach copies of all income verification information*

***Use reverse side if additional space is needed*