

LOST COIN WOMEN'S FUND, INC.
73 Brentwood Drive, North Easton, MA 02356

The Lost Coin Women's Fund, Inc. is a IRC 501(c)(3) charitable, non-profit organization founded by concerned women to help low-income Massachusetts women improve their quality of life by providing funds to assist in undergraduate studies or vocational training programs.

Generally, Grants total \$1,000.00. A project with a budget under \$1,000.00, which works to help a woman obtain these objectives would also be considered. Payments in the name of Grant recipients are made directly to schools or programs. **One Grant only per applicant. Applications will be decided within 3-4 months of the date of receipt of application.**

Grant Application

(Please Print or type)

Date: _____

Person or Project Applying:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

Professional Making the Recommendation: On a separate piece of paper, please describe why you are recommending this low income applicant.

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

The following is to be completed by the Applicant. On a separate piece of paper, please describe why you are seeking this grant and how the grant will be used.

Amount being requested? _____

School now attending or applying to? _____

Will you be a full-time or part-time student? _____

Name of your advisor: _____ Telephone: _____

What is your current educational status/level? (Please attach documentation.)

On a separate piece of paper, list all grants, loans and scholarships you have received or applied for. Include the amount in each case.

Financial Information

Name of employer: _____ address: _____

GROSS MONTHLY INCOME (attach documentation such as paystub, verification of financial aid, child support, or governmental aid such as Aid to Dependent Children, welfare, etc. Applications received without verification of income will be rejected):

Salary/Wages	_____
Social Security/SSI	_____
Disability	_____
Unemployment Compensation	_____
Worker's Compensation	_____
Public Assistance (welfare, AFDC)	_____
Child Support	_____
Alimony	_____
Contributions from Household Members	_____
Rental from income producing property	_____
Other (specify: _____)	_____

TOTAL MONTHLY INCOME _____

Total Monthly income \$ _____ x 12 months = \$ _____ yearly income

List those dependent on you for financial support. If you are supporting children, list their ages:

Will your current monthly income change once you begin school? How?

Additional information you may feel would be helpful:

Committee response: _____

Insufficient information: _____

Action taken: _____ Letter sent to Applicant on _____