



**Application for Financial Aid:
Women's Empowerment & Training**

To Be Filled In By Review Board:

Case Number: _____

Date Received: ___/___/___

PERSONAL INFORMATION

This form will be kept confidential by members of the Saheli Board

Name _____

Email: _____ Phone: _____

Date of birth: ___/___/___

Present Address: _____

City _____ Zip Code _____

My Place of Residence is (place a checkmark) _____ Owned _____ Rented

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Family in USA: # of Children _____ # of Parents _____ # of Siblings _____

Other: _____

Emergency Contact:

Name: _____ Phone: _____ Cell: _____

Address: _____

City: _____ Zipcode: _____

Is child care available to you if you attend school? : _____ Yes _____ No

Visa Status: (Please circle) US Citizen Green Card H1/H4 L visa Other:

Please Explain: _____

Medical Insurance: Yes, Name of Company: _____ No

Health Issues: _____

Education Completed: (please circle) Some Schooling High School Diploma Bachelors degree
Masters degree Other: _____

Languages Spoken Well:

English _____ Other _____

Are you working at present? (please circle) Yes No

If yes: Job Title:

Brief Description:

Name of company or employer:

Hours: _____

Need Assessment : Personal Financial and Other Information

What is your income category? Please use a checkmark.

Income categories

10,000-20,000

21,000-40,000

41,000-60,000

61,000-80,000

81,000 +

Indicate days and times you are avail for a face to face meeting with the Saheli team.

Skills and Experience: Check all those that apply→

Accounting	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Food Service	<input type="checkbox"/>
Art	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Nannie	<input type="checkbox"/>
Beauty Consultant	<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Nurse's Aide	<input type="checkbox"/>
Cooking & Catering	<input type="checkbox"/>	Driving	<input type="checkbox"/>	Home Health Aide	<input type="checkbox"/>
Basic Computer Skills	<input type="checkbox"/>	Music	<input type="checkbox"/>	Health & Exercise	<input type="checkbox"/>
Computer (Data Entry)	<input type="checkbox"/>	Computer (other)	<input type="checkbox"/>	Administrative	<input type="checkbox"/>

Child care		Tele marketing		Telephone Counseling	
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Other Skills and Experience:

Applicants should be prepared to answer some questions related to their personal financial situation with the sole objective of assessing need. You are advised to bring personal documents (tax returns, copies of W2, and the like, documents related to college grants and financial aid, or Pell grants) for review by the Saheli board. In some special cases, the request for financial documents will be waived at the discretion of the board. No personal documents will ever be retained by Saheli.

GRANTS

Do you have a specific program/school/college you are applying to?

Degree/Major/Certificate you will pursue:

School/Program Start date: _____ Expected Graduation Date: _____

Total Fees for Entire Program: _____

Dollar Amount Being Requested: _____

Please summarize your interests below and indicate what goals you are pursuing.

AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my application for assistance is accepted, any false statements, omissions, or other misrepresentations made by me may result in my immediate disqualification.

Name (print) _____

Signature at time of meeting:

Date: _____/_____/_____

**After completion, the Saheli board will review the application and contact you for a personal interview or phone interview. Please send completed form to the email address below.
empowerment@saheliboston.org**