



# Continuing Education Durham ConnectFund Grant Application

**Eligibility:** In order to receive this grant, applicants must have graduated from a Durham Public high school, or must be a current Durham county resident.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**High School Diploma/GED (name of school):** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:**  Male  Female

**Employment Status:**  Full time  Part time  Unemployed  Underemployed (individuals earning 200% below the federal poverty level)

### Ethnicity

- AN American/Alaskan Native
- AS Asian
- BL Black/African-American
- WH White
- HP Hawaiian/Pacific Islander
- HIS Hispanic/Latino
- NHS Non-Hispanic/Non-Latino

**Program of Study:** \_\_\_\_\_

**Financial Information:** Please list all financial assistance you are receiving or expect to receive to include, but not limited to: grants, loans, scholarships, tuition waivers, Veteran's benefits, or other. *(Applicants are responsible for determining if the award of this grant will disqualify them from other sources of financial assistance.)*

	From	Date	Amount
1.	_____	_____	_____
2.	_____	_____	_____

**Personal Essay:** Please answer the following two questions in your essay: What are your education/career-related goals? Describe why you should be selected to receive this grant? *(Maximum 300 words. Attach typed or neatly printed document in English if additional space is needed.)*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_