



Eligibility for Funding Application

Please return:
Michael's Way, Inc.
P. O. Box 6543
Greenville, SC 29606-6543

Questions call:
(864) 241-0972

Application must be signed and dated in order to be considered.

Name _____
Last First Middle Initial Maiden or other

Address _____ City _____ State _____ Zip _____

Phone (Home) (____) _____ Phone (Cell) (____) _____

Email: _____ Date of Birth _____ Race _____

Male Female Marital Status _____

Do you have a valid S.C. Drivers License? Yes No

Are you a resident of Greenville County? Yes No

Do you have a High School Diploma or a GED? Yes No

Do you have a criminal record? Yes No

Answering yes, will not necessarily disqualify you.

If yes, explain _____

Do you have reliable transportation? Yes No

Do you need childcare in order to attend school? Yes No

Number of children living at home? One Two Three Four or More None

Family Income: \$ 0 - \$11,999 \$12,000 - \$19,999 \$20,000 - \$34,999 \$35,000 – Above

Is your credit history limiting your ability to obtain financial assistance? Yes No

--- continue on back ---

Are you being or have you been assisted by any of the Agencies below? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Dept of Social Services | <input type="checkbox"/> Dept of Vocational Rehabilitation |
| <input type="checkbox"/> Employment Security Commission | <input type="checkbox"/> One Stop Center |
| <input type="checkbox"/> Drug and Alcohol Commission | <input type="checkbox"/> SHARE |
| <input type="checkbox"/> Mental Health America | <input type="checkbox"/> United Ministries |
| <input type="checkbox"/> Habitat for Humanity | <input type="checkbox"/> Greenville Literacy Association |
| <input type="checkbox"/> GAIHN | <input type="checkbox"/> Greenville Tech |
| <input type="checkbox"/> Other _____ | |

Contact person from above agency or agencies:

Contact: _____ Phone: (864) _____

Contact: _____ Phone: (864) _____

Contact: _____ Phone: (864) _____

Program and Course Information:

Name of program or course you are interested in taking? _____

Are you seeking funding for (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Cost of Course | <input type="checkbox"/> Books | <input type="checkbox"/> Equipment / Supplies |
| <input type="checkbox"/> Work Related Clothing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Childcare |

What is the course cost? _____ Is this a day or night class? _____

****If you are requesting funding for work related clothing, books, transportation, equipment/supplies or childcare, Please put the total needed and list items on the budget form.**

For _____ \$ _____

Number of classes needed to complete course? _____

Have you applied for this course or class yet? _____

If yes, where? _____ Date you applied: _____

Describe your personal situation and why you should be considered for funding?

Include where you see yourself in 5 years as it relates to the classes you wish to take. Use back if necessary. _____

After completing the course would you be willing to share your story with others? Yes No

Disclaimer and Signature: I certify that my answers are true and complete to the best of my knowledge. If this application leads to financial assistance, I understand that false or misleading information in my application may result in the loss of financial assistance.

Signature: _____ Date: _____

Print: _____