

P.E.O. PROGRAM FOR CONTINUING EDUCATION INCOME AND EXPENSE STATEMENT

INSTRUCTIONS FOR APPLICANT

APPLICANT: Please complete in **full** the Income and Expense Statement on the reverse side of this page. Incomplete information will delay processing of the application. Please round figures to the nearest dollar.

1. Use **actual** income and expense figures **for the school term for which the grant is requested**. These figures should show that your goal is possible with the help of a PCE grant, if awarded. If income or expenses fluctuate, determine the average and enter on form. **DO NOT INCLUDE PCE GRANT AS INCOME**.
2. To determine **monthly** income from financial aid (educational grants, scholarships, and loans) **divide the amount received for the term by the number of months in the term**.
3. Monthly income from state, provincial, U.S., or Canadian government assistance refers to assistance with **living expenses**, such as Aid to Families with Dependent Children.

Monthly income from WIC, housing, childcare and/or medical assistance, Social Security, Veterans Administration or Canadian Child Tax Credit is to be listed under **“other”** income.
4. If your total **monthly** expense exceeds your total monthly income, **please furnish a written explanation of the financial plan you will use to complete your education** (scholarships, loans, family help, PCE grant, etc.). Include specific information regarding the amount of financial aid you've applied for but have not yet received.
5. Food stamps are to be included as both income and expense. Any additional money spent on food should be added to food stamps received and entered on the “Food/Groceries” line in the expense column.
6. In all instances where **(list)** is indicated, please give an explanation.
7. **Please explain** any unusual information, e.g., no housing or food expense.
8. **EDUCATIONAL EXPENSE PER TERM:**
List all expenses for the school term for which the grant is requested. Do not list expenses in weekly or monthly increments.

Calculate your transportation expense per term (gas, parking, bus fare, etc.; do not include repair or upkeep). Enter only the **total** amount of educational transportation expense on the line provided.

INCOME AND EXPENSE STATEMENT

Please round figures to the nearest dollar.

MONTHLY INCOME (deduct taxes only)

Salary—Applicant: \$ 0.00
Husband (if married): \$ _____

Financial Aid (actual per month)
Scholarships/Grants (list by name): \$ _____
Educational Loans: \$ _____

Child Support/Alimony: \$ _____

State, Provincial, U.S., or Canadian
Government Assistance: \$ _____

Food Stamps: \$ _____

Monthly Income from
Savings/Interest/Dividend \$ _____

Other Sources of Income
(list source): \$ _____

TOTAL MONTHLY INCOME: \$ 0.00

MONTHLY EXPENSE

Rent Payment: \$ _____

Mortgage Payment: \$ _____

Food/Groceries: \$ _____

Utilities: \$ _____

Clothing: \$ _____

Telephone: \$ _____

Medical/Dental: \$ _____

Automobile
Payment: \$ _____
Expense (noneducational): \$ _____
Insurance: \$ _____

Insurance: \$ _____

Loan/Charge Payments (list): \$ _____

Childcare (not related to education): \$ _____

Other (list): \$ _____

TOTAL MONTHLY EXPENSE: \$ 0.00

ADDITIONAL INFORMATION

Total in Savings Accounts: \$ _____

Total in Investments: \$ _____

Total Amount Owed
Educational Loans: \$ _____

Total Balance of Other Indebtedness
(e.g., mortgage, credit cards, loans,
etc.—list): \$ _____

**ADD MONTHLY EDUCATIONAL
EXPENSE (** lower left column):** \$ 0.00

EDUCATIONAL EXPENSE PER TERM

Tuition: \$ _____
Books/Educational Supplies: \$ _____
Childcare (related to education): \$ _____
Transportation(gas, parking, bus fare): \$ _____
Other (list): \$ _____

TOTAL: \$ 0.00

TOTAL EXPENSE: \$ 0.00

Number of Months Per School Term: _____

* * Monthly Educational Expenses: \$ _____

(Divide total educational expense by number of
months in school term. Place this figure on the
appropriate line in the Monthly Expense column.)

(Applicant's Name)

(Applicant's Signature)

(Date)

**P.E.O. PROGRAM FOR CONTINUING EDUCATION GRANT
APPLICATION FORM**

NAME: _____ **S.S.#** _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: () _____ **E-MAIL:** _____

CITIZENSHIP: U.S. _____ Canada _____ **AGE:** 18-22 23-30 31-40 41-50 51-65+

FAMILY STATUS: _____ Single _____ Husband's occupation, if married _____
_____ Married _____ Number of children _____
_____ Separated _____ Ages of dependent children _____
_____ Divorced _____ Other dependents (list) _____
_____ Widowed _____

EDUCATIONAL BACKGROUND (complete all blanks which apply):

Dates of at least 24 consecutive months break in education: From _____ To _____
(Month, Year) (Month, Year)

High School: _____ Some College: _____ Other: _____
(Date of Graduation) (Dates Attended) (School, Dates)

College: _____ Postgraduate: _____
(Degree, Certificate & Major, Date of Graduation) (Degree & Major, Date)

WORK EXPERIENCE (state type of job, dates employed, full or part time):

Present:

Past:

PROPOSED USE OF GRANT (Be specific, e.g., tuition, books, transportation, or childcare necessary to reach educational goal. This grant is not to be used for living expenses or to repay educational loans.)

GOAL: _____ **COMPLETION DATE:** _____ **AMOUNT REQUESTED:** \$ _____
(Degree, Certificate & Major) (Month, Year)

DATE TUITION DUE/GRANT NEEDED: _____ **School:** _____
(Month, Day, Year)

DATE TERM BEGINS: _____ **Location:** _____
(Month, Day, Year)

SIGNATURE OF APPLICANT: _____ **Date:** _____

The supervisor of the P.E.O. Program for Continuing Education and the trustees will share your name with donors of grants only with your permission. Refusing to sign the line below will in no way affect the decision of the trustees.

I give my permission to the project supervisor or the trustees to share my name with the sponsor of my grant:

_____ **Date:** _____

Please provide on the reverse side of this form or on a separate page, the names and contact information for two references who know you well and are not relatives or members of the sponsoring chapter.

FOR OFFICE USE ONLY			
Date Received: _____	#: _____	G.L.: _____	
Send: _____	\$: _____	Ch/St.: _____	
Government Assistance: _____ Yes _____ No		Special Check Required: _____ Yes _____ No	

Applicant's Name: _____

REFERENCES

Name: _____

Address: _____

Phone: () _____ E-mail: _____

Name: _____

Address: _____

Phone: () _____ E-mail: _____