

L-FUND Education Assistance Program Application

Please complete the following information and return it to:

**The L-FUND,
PO Box 2561, Palm Springs,
CA 92262**

If you need assistance, please call

(760) 304-8487.

Checklist to submit for consideration:

- This application
- A personal statement of need. Include unique things that might separate you from other applicants and a description about how the money will be used.
- Three letters of reference from people who know you well (who are NOT family members). Must include phone numbers and email addresses.

1. TELL US ABOUT YOURSELF

Name		
First	Middle	Last
Sexual Orientation		
Street Address		
Zip	City	
Telephone	Email	
Date of Birth	Age	Gender
Preferred Pronouns		
Living Situation		
<input type="checkbox"/> Own		
<input type="checkbox"/> Rent		
<input type="checkbox"/> Board		
<input type="checkbox"/> Other	Describe	
High School Graduate or Completed GED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of High School		Date of Completion
Were/are you a member of your school's Gay/Straight Alliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> My school didn't have one	
Name of college, university or vocational training program for which you attend or plan to attend to use this grant?		

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2. OPTIONAL - For demographic purposes only

Gender Identity	
Race / Nationality	
Citizenship	
US Citizen	<input type="checkbox"/>
Resident Alien	<input type="checkbox"/>
Green Card Holder	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>
Other	<input type="checkbox"/>

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3. FINANCIAL INFORMATION

Current Employment		
<input type="checkbox"/>	Full Time	Employer
<input type="checkbox"/>	Part Time	Employer
<input type="checkbox"/>	Self-Employed	Business
<input type="checkbox"/>	Internship	With whom
	<input type="checkbox"/>	Research
	<input type="checkbox"/>	Scholarship
	<input type="checkbox"/>	On-the-Job Training
<input type="checkbox"/>	Unemployed	
<input type="checkbox"/>	Retired	
What is your income from all sources?	Source	Income
None		
Weekly		
Monthly		
Annually		
Have you filed for Bankruptcy in the last (5) years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, discharge date:	
How soon do you need this funding?		

Print name: _____ Date: _____

Signature: _____