

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

First Name	Middle	Last
Are you a Lesbian or TransLesbian?		
Street Address		
Zip	City	
Telephone	Email	
Date of Birth	Age	Gender
Preferred Pronouns		
High School Graduate or Completed GED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of High School		Date of Completion
Working on GED <input type="checkbox"/>		Date of Completion
Were/are you a member of your school's Gay/Straight Alliance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	My school didn't have one <input type="checkbox"/>
Have you volunteered with the LGBT community? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of college, university or vocational training program for which you attend or plan to attend to use this grant?		
How much is tuition?	How soon do you need it?	

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2. 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"/>	Other	Please explain
<input type="checkbox"/>	Unemployed	
<input type="checkbox"/>	Retired	
What is your income from all sources?	Source	Income
<input type="checkbox"/>	None	
<input type="checkbox"/>	Weekly	
<input type="checkbox"/>	Monthly	
<input type="checkbox"/>	Annually	
If tuition is more than \$2500, how will you obtain the balance?		
Are you receiving any other grants or scholarships? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so give name and amount received.	Name	Amount received

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3. OPTIONAL - For demographic purposes only

Gender Identity
Race / Nationality

Print name: _____ Date: _____

Signature: _____