

L-FUND Education Assistance Program Application

Please complete the following information and return it to:

The L-Fund
400 S. Farrell Dr. # B-107
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		
City		Zip
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?	
Are there any additional educational needs/expenses? If so, list item and cost.		
If tuition is more than \$2500, how will you obtain the balance?		

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2. FINANCIAL INFORMATION

Current Employment		
<input type="checkbox"/>	Full Time	Employer
<input type="checkbox"/>	Self-Employed	Business
<input type="checkbox"/>	Internship	With whom
<input type="checkbox"/>	Unemployed	
<input type="checkbox"/>	Retired	
<input type="checkbox"/>	Other	Please explain
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	
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: _____