

Kiwanis Club of Sisters

Career Opportunity Fund

Kiwanis is here to assist you with your career needs.

This community resource fund will provide assistance to start, augment, or complete a career opportunity that may include, but is not limited to, vocational, technical, artistic, or general fields of study. Funds are available to qualified residents within the Sisters School District regardless of age (except minimum), sex, disability, marital status, race or current occupation. Kiwanis does not set limitations on potential use of funds, though we cannot reimburse for personal expenses such as rent or gasoline directly to applicants.

To qualify you must:

- ✓ Have been a legal resident of the Sisters School District for at least one year.
- ✓ Have a High School Diploma or GED.
- ✓ Be at least 25 years of age.
- ✓ Be able to demonstrate a work ethic. (Attach current resume, if available.)
- ✓ Complete the Financial Assistance Application.
- ✓ Meet with Kiwanis members to discuss your career path and financial needs.
- ✓ Provide three letters of recommendation.

A type-written or clearly legible essay must accompany each application. Include in your essay the following elements:

- ✚ How you chose your career path.
- ✚ What experience you have in this field, if any.
- ✚ Why this training or other assistance is important to you.
- ✚ How financial assistance from Kiwanis will help you achieve your goal.

Application must be submitted four weeks prior to date funds are needed.

Mail complete application, essay and letters of recommendation to:

Career Opportunity Fund
Sisters Kiwanis
PO Box 1296
Sisters, OR 97759



All applications will be reviewed by the Kiwanis Career Opportunity Fund Committee, with whom the financial and personal information shall remain confidential. Decisions concerning the applications will be at the sole discretion of the Kiwanis Club of Sisters. Individuals may apply at any time, but awards will be granted only as long as funds are available.

Kiwaniis Club of Sisters Career Opportunity Fund Application



Name: (print) _____ **Date of birth:** _____

Address: _____ **Sisters Resident Since:** _____

Mailing Address: (if different from above) _____

Telephone: () _____ **E-mail Address:** _____

Education History: _____

Work Experience: _____

Amount applying for: \$ _____ **Date funds are needed:** _____

Purpose of the grant: _____

Financial Need:

Please list what expenses you expect to pay for your career education. Include other sources of funds you can count on to help achieve your goal.

Expenses:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total: \$ _____

Sources of Funds:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total: \$ _____

I certify that the information I have submitted is correct. I authorize release of this information to members of the Kiwanis C.O.F. Committee. I will provide additional information or verification if needed.

Signature

Date