



Career Opportunity Grant

This community resource grant 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. The grant is available to qualified residents of the Sisters School District regardless of age (except minimum), gender, sexual orientation, disability, marital status, race, religion, or current occupation, if any. Kiwanis deliberately has not set limitations on potential use of the grant to encourage a broad spectrum of possible use of these grants. You know your need: Kiwanis wants to see if we can help.

To qualify for financial aid from this grant, you must:

- ⇒ Have been a legal resident of the Sisters School District for at least one year
- ⇒ Have a high school diploma or GED and be at least 18 years of age
- ⇒ Be able to demonstrate a work ethic (Attach a current resume, if available)
- ⇒ Complete the attached Financial Assistance Application
- ⇒ Meet with Kiwanis members to discuss your program and financial requirements
- ⇒ Provide three letters of recommendation
- ⇒ Make application at least four weeks prior to the date funds are needed

A typewritten or clearly legible essay describing how the Kiwanis Career Opportunity Grant might help you achieve your occupational goal. The essay should include the following elements:

- ⇒ How you chose this 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

Mail the completed application, essay and letters to:

Career Opportunity Grant
Sisters Kiwanis
P.O. Box 1296
Sisters, OR 97759

NOTE: All applications will be reviewed by the Kiwanis Career Opportunity Grant committee and decisions concerning the applications will be at the sole discretion of the Kiwanis Club of Sisters. You may apply for aid at any time, but awards will be granted only as long as funds are available.

Mission Statement: Our Kiwanis volunteers serve Sisters Country by creating opportunities that allow youth and young adults to succeed.

Kiwanis Club of Sisters Career Opportunity Grant Application



Kiwanis
SISTERS, OREGON

Application for Financial Assistance

Name (print) _____ Date of birth _____

Address _____ Sisters resident since _____

Mailing Address (if different) _____

Telephone () _____ E-mail address _____

Educational history _____

Work Experience _____

Amount applying for \$ _____ Date funds are needed _____

Purpose of the grant (name of accredited program) _____

Financial need:

Please list what expenses you expect to pay for your career project, and what 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 Club of Sisters and will provide additional information or verification if needed.

Signature _____

Date _____