

**Education and Employment awards** of \$100-\$1,500 are available to current & former New Beginnings clients to age 24 to help pay for barriers to pursuing school or work (e.g. fees, tuition, or required supplies for college courses or training including reducing loans; transportation to school/work; computer for online classes/homework; work clothing/shoes).

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** (place you can be reached) \_\_\_\_\_

**Phone:** \_\_\_\_\_ Can get texts?  Yes  No **Email:** \_\_\_\_\_

**Please check all N.B. programs that you have been involved with and during what year(s):**

Transitional Living Program/CLP (year \_\_\_\_\_)

Shelter / Marian's Place (year \_\_\_\_\_)

Outreach Case Management (year \_\_\_\_\_)

Education & Employment Support (year \_\_\_\_\_)

Other: \_\_\_\_\_

**1. Why are you requesting money from the Dot Larrabee Fund? Please identify the items you want funded.**

*Example: I want to get my CNA certificate and the course costs more than I have, and I need scrubs to wear for it.*

**2. Why are the things you're seeking funding for important to you at this point in your life?**

*Example: I need a job that pays more money to save for an apartment and I want to work in the medical field.*

**3. Tell us how the things you're seeking funding for are connected to your education or employment goals?**

*Example: This program told me that if I finish the course I can get a job at the hospital. In the future I think I might want to go back to school to become a nurse.*

**4. What is the total amount of money you are requesting?:** \_\_\_\_\_

*The fund needs documentation of costs before making an award – please attach proof of enrollment or any other cost info you have. If an award is made, New Beginnings will purchase items or pay the program/college directly.*

**5. Are you able to contribute any of your own money to this request? If so, how much?**

**6. Please identify any other sources of funds that will be used to help pay for this request** (scholarships, loans, your own money, work, etc.)

**7. When do you need the funds? (Please estimate a date):** \_\_\_\_\_

**OPTIONAL:** You may select a staff member from one of the New Beginnings programs or another individual (DHS worker, teacher, friend) to assist you with this application, to advocate on your behalf and verify the need for funds.

Name of advocate: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**8. Are you attending a school, college, or training program?**

\_\_\_ Yes

\_\_\_ No (If no, what was the last school you attended and when? \_\_\_\_\_)

If **YES**, Name of Current School: \_\_\_\_\_

School Contact: (teacher, guidance counselor, program director): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**9. Are you employed?**

\_\_\_ Yes

\_\_\_ No (If no, list where you worked the last time you had a job: \_\_\_\_\_)

If **YES**, Current Work name and address: \_\_\_\_\_

Work contact: (supervisor) \_\_\_\_\_ Phone: \_\_\_\_\_

**Are there any days or times that you are not available to be interviewed by the DLYDF committee?**

*Thank you for applying to the Dot Larrabee Education and Employment Youth Development Fund (DLYDF). Your application is very important to us. We will review your application and contact you for an interview.*

**In signing this I agree to allow the DLYDF committee to verify all above information and to contact all individuals listed above.**

Applicant signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

**Please Return form to: NEW BEGINNINGS LARRABEE FUND 134 College St Lewiston ME 04240 or FAX to 207-795-4080**

**For Office Use Only**

Date application received: \_\_\_\_\_ Date of interview: \_\_\_\_\_ Is applicant eligible?: Yes No

Was request granted? Yes No Amount allotted: \_\_\_\_\_

Date needed: \_\_\_\_\_ Funds will be sent to: \_\_\_\_\_

Contact information: \_\_\_\_\_

Follow-up results (date \_\_\_\_\_): \_\_\_\_\_