

# OLDSMAR CARES



PEOPLE MAKING A DIFFERENCE  
- EST 1997 -

## Oldsmar Cares, Inc. Joan and David Wallace Educational Grant Application

Name (Print): \_\_\_\_\_

Home Address: \_\_\_\_\_, Oldsmar, FL 34677

How long have you lived at this address: \_\_\_\_\_

Previous Address if current home address less than one (1) year:

\_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Higher Education Program Name: \_\_\_\_\_

Higher Education Location: \_\_\_\_\_

Higher Education Purpose: \_\_\_\_\_

Higher Education Time: \_\_\_\_\_ Higher Education Cost: \_\_\_\_\_

Amount Seeking From Grant: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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## References:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please include the following with your application:

- Attach a copy of your driver's license
- Include a 300-600 word essay describing your need for this grant

Sign: \_\_\_\_\_

Date: \_\_\_\_\_