



Zonta Club of Roseburg
HANDUP Program
P.O. Box 134
Roseburg OR 97470
www.zontaroseburg.org

Purpose

The goal of Zonta's HANDUP program is to assist local maturing women to successfully take a step forward to improve their lives. This assistance is flexible and can include mentoring on budgeting, interview skills, or career ideas. Assistance can also include funding for formal education, trade skill training, completing competency skills, or taking certification exams. Funding can also include important needs like transportation to a job until the first paycheck arrives, suitable interview clothing, or other services. All support is intended to give women a Hand Up to navigate transitions to a better life. This one-time support is not for chronic or reoccurring needs. Financial aid normally ranges from \$100 - \$500.

Inquiries about potential mentoring/funding needs can be sent to: info@zontaroseburg.org prior to applying.

Procedure

1. Applicants can obtain the Hand Up form via the Zonta Roseburg website. Applicants requesting funding must be able to provide budget information. After completing the applicant's portion of the form, a suitable agency/sponsor must complete the Agency Referral section of the application. Completed applications can be mailed to P.O. Box 134, Roseburg OR 97470, or sent as an attachment to: info@zontaroseburg.org.
2. Applicants must obtain a referral letter from an approved agency, school counselor, or employer business manager as part of the application process. This referral letter should include a short 2-3 paragraph explanation of why the applicant would be a good candidate for the Hand Up sponsorship. Referral letters should be submitted as a separate document along with the application. Any applications turned in without the proper referral letter will not be considered.
3. Approved referral agencies/sponsors include:
 - a. Department of Human Services
 - b. Douglas County Community Corrections
 - c. Peace at Home
 - d. Samaritan Inn
 - e. ADAPT - Crossroads
 - f. Churches
 - g. Umpqua Community College counselor or instructor
 - h. High School counselor or instructor
 - i. Trade School Instructor
 - j. Safe Haven Maternity Home
 - k. Options Counseling
 - l. Employer Manager
4. The Zonta Service Committee representatives will review the application. After a reference check, suitable applicants will be interviewed as part of the approval process. Mentoring and or funding will be tailored to the needs of successful applicants. Applicants' privacy will be maintained.
5. If the recipient is initially approved, an interview and a plan of action will be developed by members of the Hand Up Committee and the recipient. Upon a successful interview, the request will be approved per the agreed upon plan of action.



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6. Upon an approved request, an itemized list of items provided or action taken will be presented to the Zonta Club Membership and a report to the club will be made by the Hand Up Committee chair. Applicant privacy will be maintained, but general details of the project may be used for club publicity.

**APPLICANT
 INFORMATION—Must be
 18 yrs. or older**

Name:	Date:
Address1:	Email:
City:	Phone number:
State: Zip: Age:	
Highest Level of Education:	School—Degree and Year Obtained:

DESCRIPTION OF NEED

Please describe your background, how funding and/or mentoring could be used to transition to a better life, and estimate of cost. (Maximum of 250 words):



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WHERE WILL HELP BE SOUGHT

Name of School, Training, Job, or Partner Program:

Address:

Contact Person:

Phone Number:

When would school/training or action begin?

Are there any physical items needed to achieve your goals? (i.e. books, electronics, transportation, clothing, etc.)

Are you interested in mentoring services? (i.e. help with learning personal budgeting and budget goals, appropriate workplace dress, resume writing skills, job interview pointers, etc.) Please list any mentoring services of interest.

Are you receiving financial public assistance?

**REFERRING
 AGENCY/SPONSOR**

Name and Address of Agency/School/Employer:	Date:
Staff member name:	Email:
Phone number:	Length of time referring sponsor has worked with applicant:



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In what ways have you provided assistance to this applicant?

Are there other agencies working with this applicant? Which Ones?

7. Upon completion of the application above, submit a copy along with the referral letter to info@zontaroseburg.org, or mail to P. O. Box 134, Roseburg, OR 97470.