

THE TRI-COUNTY AIDS COALITION
(a 501-C3 non profit)
(Celebrating our 20th Year Serving Stark, Carroll and Tuscarawas Counties)
1900B Whipple Avenue Northwest
Canton, Ohio 44708
Telephone 330-477-0806
2012
GRANT APPLICATION

Current School enrolled	Mailing Address(if different)
Guidance Counselor	Telephone Email
Students Name	Date of Birth
Address	City/State/Zip
Phone	Email

***A CURRENT GPA GRADE POINT CERTIFICATION SHOULD ACCOMPANY THIS GRANT REQUEST**

- **APPLICANTS MUST HAVE A STARK, CARROLL OR TUSCARAWAS ADDRESS TO BE QUALIFIED**

Your Grade Point Average is _____

Current Course of Study _____

College you will be enrolled: _____

Please tell us about yourself (if you need additional space, please use another sheet of paper)

Will you be studying in the medical field (Please describe your intentions)

Will this field include Infectious Disease Care, Healthcare or Wellness Prevention

Have you or someone you know been infected or affected with HIV-AIDS_____

How has this affected you_____

This grant is for \$1,000.00. How would you use this grant money? _____

Will you be receiving additional Grants monies from other sources?

Reason for Request: _____

What percentage of this money will be used for Instructional Materials

Will this money be used for room and/or board? _____

Have you applied for a grant from our organization in the past?

How will you put this grant money to use to further your education? (IF GIVEN)

PLEASE NOTE: THAT AWARDING OF GRANT IS BASED ON THE AVAILABILITY OF FUNDS.

IF FUNDING IS NOT AVAILABLE AT THIS TIME, OR YOUR GRANT IS NOT AWARDED AT THIS TIME, PLEASE FEEL FREE TO RE-SUBMIT AT A LATER DATE.

THIS GRANT APPLICATION MUST BE RETURNED NO LATER THAN April 1, 2012 TO BE ELIGIBLE, AND SHOULD BE SENT TO THE ADDRESS ON THE HEADING OF THE FIRST PAGE.

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Grants will be awarded in May 2012 and recipients will be notified.