

Have you attended college before?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
School Name	Dates Attended		Credit Hrs	Degree Received	Date Received	
					/ /	
					/ /	
Are you a veteran of the armed forces of the United States?				Are you the child of a veteran?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employment						
Employer Name	From	To	Position	City	State	Reason for Termination
	/	/				
	/	/				
	/	/				
Family & Other Information						
What is the start date of your current incarceration?				What is your scheduled release date?		
/ /				/ /		
Are you married?				Date of Marriage		
<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /		
Spouse's Name				Date of Birth		
				/ /		
Spouse's Current Address						
Do you have children under age 18?				How many?		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Child's Name			Age	Address		
Are you willing and able to pay for one-half the net cost of your college education?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you had any Disciplinary Incidents with the past 12 months?						
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe) _____						
Why do you want to earn a college degree?						

Where do you plan to reside upon release? (Provide city and state)			
Is your father still living?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, do you maintain a relationship with him) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where does your father live? (Provide city & state)		What is his occupation?	
Is your mother still living?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, do you maintain a relationship with her) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Where does your mother live? (Provide city & state)		What is her occupation?	
Are you, or is your spouse or family, a member of a church in the community where you plan to reside upon your release?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, who is a member, for how long and how often do they currently attend)			
Church Name		Pastor's Name	Church Phone
			() -
Street Address		City	State
			Zip Code
Some donors may designate that their funds be used to directly benefit a certain ethnic or religious group. Your answers to these sections regarding your ethnic and religious groups are OPTIONAL .			
Ethnic Group			
<input type="checkbox"/> American Indian		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> African American		<input type="checkbox"/> Caucasian - White	
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Other: _____	
Religious Group			
Religious Affiliation		Church or other house of worship name	
<input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____			
Street		City	State
			Zip Code
Are you a first time offender?		Was your offense a crime of violence?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (Details:)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Details:)	
What else would you like us to know about yourself, your family, your criminal conviction(s), your future, etc.?			
I hereby certify that this information is true and complete to the best of my knowledge. Falsification of the information on this application could jeopardize my scholarship and lead to a revocation of my scholarship if awarded. I understand that this application and all other related documents become the property of Prison Education Foundation™ and I hereby waive all of my rights to my applicant file.		Mail This Completed Application To: Prison Education Foundation, Inc. 4031 Colonel Glen Hwy Beavercreek, Ohio 45431 Tel: (877) 361-1725 Web: prisonedu.org	
Signature: _____		Date: _____	

