

ABE/Literacy Student Support Grant (Guidelines)



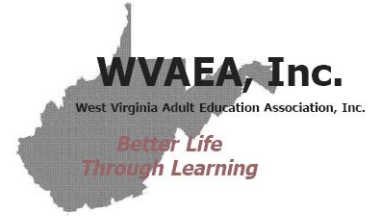
1. Teacher/Tutor must be a current active member of WVAEA, Inc.
2. Applicant must be a resident of West Virginia and currently enrolled in an ABE or literacy program within West Virginia.
3. Applicant must maintain at least 85% attendance record.
4. Applicant must truthfully complete the *Student's Support Grant Application*.
5. The completed application must be accompanied by a *Teacher/Tutor's Recommendation Letter*.
6. The Student Grant Committee will review the application form and the recommendation letter.
7. If approved, the instructor/tutor will be sent a check *up to* the amount of \$250. (*Some grants may be less than that based upon the findings of the committee.*)
8. Monies will be disbursed to the student at the discretion of the instructor/tutor.
9. Grants may be used for expenses such as travel to and from school, clothing, child-care, food, etc.

**The Teacher/Tutor's Recommendation Letter and
ABE/Literacy Student Support Grant Application
must be electronically submitted to:
kwinter@access.k12.wv.us**

**or mailed to:
Kathy Hollingsworth, Executive Director
WVAEA, Inc.
RESA Three, 501 22nd Street
Dunbar, WV 25064**

Please Note: Both documents must be submitted in order to qualify.

ABE/Literacy Student Support Grant
Teacher/Tutor's Letter of Recommendation



Date: _____

To the BOLT Student Grant Committee:

I would like to recommend *(name of student)* _____ to be considered for a Student Support Grant from WVAEA, Inc. – Student Affiliate, BOLT (*Building Opportunities for Learning Together.*)

I verify that he/she is currently enrolled in *(name/location of program)* _____; is present in the classroom _____ % of the time; and participates regularly in our class activities and discussions.

Thank you for your consideration.

Sincerely,

Teacher/tutor's signature

Additional notes/comments from teacher/tutor:

Mailing information: (Must be completed)

Name of Instructor/Tutor: _____

Name of ABE Center/Literacy Location: _____

USPS Mailing Address: _____

ABE/Literacy Student Support Grant (Application)



Student Name: _____

Address _____

Phone: _____ Email: _____

How will this grant be utilized? (Transportation, child-care, clothing, food, etc.)

What are your goals in ABE/literacy? (GED® attainment, job skills, employment, life skills, etc.)

What are your goals after you complete your ABE/literacy program? (higher education, employment, etc.)

Why should you receive this grant? (Why do you need this grant?)

applicant's signature

date

For WVAEA, Inc. Use Only

Amount approved \$ _____

Signature of Student Grant Committee chair:
