

FACT EDUCATIONAL GRANT PROGRAM RULES AND INSTRUCTIONS

1. Only FACT members and their immediate family members may apply.
2. Eligible to apply are students who:
 - a. Graduated from an accredited public, private or parochial high school (or equivalent).
 - b. Enrolled (or will be) in an accredited public or private college, university or trade/technical school. (POST GRADUATE WORK INCLUDED)
3. Not eligible to apply are FACT employees, directors, officers and their relatives.
4. The Grants Review Committee will evaluate applications received quarterly as follows:

Applications received between January 1 and March 31 will be reviewed in April.

Applications received between April 1 and June 30 will be reviewed in July.

Applications received between July 1 and September 30 will be reviewed in October.

Applications received between October 1 – December 31 will be reviewed in January.

5. Grants will be awarded based on funding availability as well as the needs of the applicant. Funds will be paid directly to the educational institution by FACT for tuition, books and other approved expenses.
6. The committee's decisions are made independently and without prejudice, and are final.
7. All forms must be printed or written legibly in black ink.
8. In order to be considered, the following must be submitted to the FACT administrative offices:
 - Educational Grant Application Form
 - Membership Verification Form (*included in the application form*)
 - Official copy of high school transcript (*regardless of year of graduation*)
 - Copy of college transcript/grades (*not pertinent to all applicants – only those who are currently or have previously taken college courses*)

Any questions can be emailed to cservice@usafact.org. You may also call us between 8:00 am and 5:00 pm (Central Time), Monday through Friday, at 1-800-USA-FACT (1-800-872-3228).

Mail to: FACT Membership Office, P.O. Box 104, Edwardsville, IL 62025

FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS
Educational Grant Program
Application Form
(To Be Completed By Applicant)

FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS (FACT) is proud to offer its members the Educational Grant Program. Approximately \$75,000 will be awarded each year to FACT members and their immediate families, with the hope of increasing accessibility to advanced education. Students will be asked to submit this application for review. *Please be assured that the information submitted will be used only by FACT to make award determinations and will not be shared with any outside sources.*

What are FACT Educational Grants? Applicants may submit grant requests for any accredited education, post high school. This will include, but is not limited to, college, trade/technical schools, and graduate school. Applications will be accepted throughout the year and will be reviewed and awarded on a quarterly basis.

DIRECTIONS:

1. Type (computer) or print legibly in black ink.
2. Submit the following to the FACT membership office at the address listed below:
 - the completed application form (*make sure the membership verification form is completed on the following page*)
 - a copy of your high school transcript (*regardless of year of graduation*)
 - AND an essay, up to two pages, on ONE of the following topics:
 - Who has had the biggest influence in your life and why?
 - If you had the authority to change your community in a positive way, what specific changes would you make?
 - Do you have a special attribute or accomplishment that sets you apart?

Applicant Name & Address:

Today's Date: _____

Home Phone: _____

Work Phone: _____

Email: _____

Application Form

(continued)

Name of the Institution attending: _____

What is your course of study? _____

How much of the program (if any) have you completed, and how long will it take to obtain your degree?

Please tell us how you plan to use your degree, and discuss any previous experience in your chosen area of study:

Please indicate any additional sources of financial aid that you are or will be receiving:

Application Form

(continued)

MEMBERSHIP VERIFICATION FORM (To be completed by the FACT Member)

Name of FACT Member _____

Name of Applicant _____

Relationship to Applicant (Must be immediate family member) _____

Membership ID _____

I certify that the information given above is accurate.

Member's Signature _____ Date _____

Mail to: FACT Membership Office

P.O. Box 104

Edwardsville, IL 62025