



PhillySEEDS Post-Secondary Education Assistance Program Application Requirements and Form

Form dated January 1, 2024

REQUIREMENTS

An applicant for the Post-Secondary Education Assistance Program **must be a resident of PHA** public housing or a scattered site, a PHA housing choice voucher resident, or receive subsidized rent through a PHA partner household (verified by the lease), such as PAPMC, AME or a RAD site, and have been so for at least one (1) year.

Applications must have all of the following:

1. this **completed form** (see the following page);
2. **documentation of acceptance** by an accredited two-year or four-year college or university, or a trade/technical school that is approved in writing by the head of PHA's department of Resident Programs and Partnerships as qualifying for this program;
3. **documentation showing completion or that will have completed high school (or received a GED)** by the time of entering the accredited two-year or four-year college or university, or a trade/technical school
4. **two signed letters of recommendation;** and
5. a **short written description of why the assistance would be meaningful** or a writing on any related topic re: the applicant's motivation or interests for further educational advancement (this writing should be different for each application, per year).

SUBMISSION OF APPLICATIONS

Applications may be submitted once per year, at any time, and emailed to: info@phillyseeds.org or mailed or hand delivered in hard copy (for which one should coordinate with PhillySEEDS via the email address to arrange a verified delivery – applications *cannot* just be dropped off at the front desk) to: PhillySEEDS/OGC, 2013 Ridge Ave., Philadelphia, PA 19121. It is preferable to submit all the documents at one time.

AWARDS AND PAYMENTS

Awards will be made on a rolling basis, based on funding availability and in the amount of one thousand five hundred dollars (\$1,500), unless the total amount of tuition and directly-related expenses is determined to be a lesser amount.

Award checks will only be sent to the university/college/training program, absent both extraordinary circumstances and written approval by the Board of PhillySEEDS, and may only be used to cover tuition, books, and directly-related expenses.

*PHILLYSEEDS POST-SECONDARY EDUCATION ASSISTANCE PROGRAM
APPLICATION FORM*

1. Name (Last, First and Middle Initial): _____

2. PHA Client Number OR Full Social Security Number: _____

1. Birth Year: _____ Ethnicity (optional): _____

4. Permanent Address: _____

5. Name of PHA property or HCV or other Affiliated Development, if applicable:

6. Name of Parent/Guardian or Head of Household, if Different: _____

7. Home Phone No: _____ Cell Phone No. _____

8. Email address: _____

9. Name and Address of High School attended/attending: _____

10. Year of High School Graduation or GED receipt: _____

11. Name and address of college/university/training institution where accepted, for this award:

12. Start date for award program and Student ID Number for college/university/training institution where accepted, if applicable:

Start date of the award program: _____ Student ID _____

13. Signature: _____ Date: _____