THE PROJECT GIRL FOUNDATION

RECIPIENT APPLICATION FORM

Applicant Information

Full Name: _____

Address: _____

Phone: _____

Email: _____

High School / College / Program: _____

Program Applying For (check one):

☐ College Success Initiative

☐ Medical Billing Certification Initiative (available Fall 2027)

☐ Future Research Leaders Initiative (available Fall 2027)

REQUIRED ESSAY

Please submit a typed essay of approximately 500–1,000 words answering the following:

Tell us your story. Describe your educational and career goals, challenges you have overcome, what motivates you, and how receiving support from The Project Girl Foundation will help you achieve your goals.

COLLEGE SUCCESS INITIATIVE REQUIREMENTS

Applicants must provide:

☐ College acceptance letter from an accredited four-year college or university

☐ High school transcript (official or unofficial)

☐ Essay

Requested Support:

☐ Laptop

☐ Hygiene Kit

☐ Dorm Essentials

☐ Educational Supplies

MEDICAL BILLING CERTIFICATION INITIATIVE REQUIREMENTS

This initiative honors the legacy of the Founder's godmother, Nina Massey and supports students pursuing Medical Billing and Coding education.

Applicants must provide:

☐ Proof of acceptance, enrollment, or registration in a Medical Billing and Coding program

☐ Program or course schedule

☐ Program cost documentation (if requesting financial assistance)

☐ Essay

Note: Assistance may be provided for individual courses, certifications, examinations, or educational expenses. Recipients may reapply for future assistance. Preference may be given to students enrolled in programs offered through Durham Technical Community

College.

FUTURE RESEARCH LEADERS INITIATIVE

Applicants may be asked to provide additional information related to educational goals, STEM interests, healthcare interests, or clinical research career aspirations.

CERTIFICATION

I certify that all information submitted is true and accurate to the best of my knowledge.

I understand that submission of false, altered, misleading, or fraudulent information may result in disqualification from consideration and future Foundation assistance.

Applicant Signature: _____

Date: _____