The Ordean Foundation of Duluth has provided funds for students enrolled in the Lake Superior College (LSC) Nursing Assistant/Home Health Aide or Intro to Nursing/Long Term Care course. You are not eligible for this grant if you are taking the courses as part of another LSC program or if you are accepted into another aid eligible program. You may apply for these funds if you meet the following criteria:

- The student's family income must be no more than the following:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>2014 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 35,750</td>
</tr>
<tr>
<td>2</td>
<td>40,850</td>
</tr>
<tr>
<td>3</td>
<td>45,950</td>
</tr>
<tr>
<td>4</td>
<td>51,050</td>
</tr>
<tr>
<td>5</td>
<td>55,150</td>
</tr>
<tr>
<td>6</td>
<td>59,250</td>
</tr>
<tr>
<td>7</td>
<td>63,350</td>
</tr>
<tr>
<td>8</td>
<td>67,400</td>
</tr>
</tbody>
</table>

- The student must be a resident in one of the following areas (Ordean “Target Area”):
  - Canosia Township
  - City of Duluth
  - Duluth Township
  - Hermantown
  - Lakewood Township
  - Midway Township (St. Louis County portion only)
  - Proctor
  - Rice Lake Township

- The student must have lived in the target area for at least one year out of the past three years for purposes other than attending a local college/university.

If you meet the above criteria, you are eligible to apply for the Nursing Assistant Ordean Grant. After you have submitted a complete Ordean Grant application, you will be notified via e-mail regarding the status of your application.

Application Procedure

1. Complete the Ordean Grant application. Return the completed form to:
   Financial Aid
   Lake Superior College
   2101 Trinity Rd
   Duluth MN 55811

2. Include a signed copy of your 2014 federal income tax return (Form 1040, 1040A, 1040EZ). If married, include your spouse's tax information. If you are under the age of 24 and live with your parent(s), you must also include a signed copy of your parents' 2014 federal income tax return.

   If you (or your parents) did not file a 2014 federal income tax return, attach a signed statement indicating your (or your parents') sources of income for 2014.

3. You will be notified via email of your application status (approved or denied). Incorrectly completed or incomplete applications will be returned to you for completion.

4. If you are awarded the Ordean Grant, all authorized charges (noted in your award notification) will be paid by the Ordean Foundation.

5. If you received other agency funding to cover the costs of this course (for example, WIA, DRS, Duluth Community Action), the Business Services Office will charge against the agency funding first. Only charges that are left after agency funding is used can be charged against the Ordean Grant.
2015-2016 Ordean Grant
Nursing Assistant/Home Health Aide Application

Name _______________________________________  Soc. Sec. # or Student ID # _____________________

Street Address ____________________________________  E-Mail: __________________________________

City _______________________________________________  State ___________  ZIP ___________

Home Phone _____________________________   Number of Family Members __________

1. Are you under the age of 24 and living with your parent(s)?
   _____ Yes     Attach a signed copy of both your and your parent’s 2014 federal tax returns.
   _____ No     Attach a signed copy of your 2014 federal tax return.

   If you (or your parents, if we require their information) did not file a 2014 tax return, please attach a statement explaining sources of income/support for 2014.

1. Date I plan to start the Nursing Assistant/Home Health Aide course:
   ______________________________________________________

3. I have lived in the Ordean target area for at least one year out of the past three years for purposes other than attending a postsecondary school (college, technical college, university):
   _____ Yes         _____ No

4. After graduating, I plan on working (check one):  _____ In the Duluth area
   _____ Out of the Duluth area

I authorize Lake Superior College to release this application form and other required data used to determine my Ordean Grant status, including my tax forms, to the Ordean Foundation if requested.

I certify that all the information I have provided to apply for an Ordean Grant is true and correct.

Applicant Signature ___________________________________________  Date _______________________

Rev. 6/15