



AVA'S PATHWAYS WOMEN'S EMPOWERMENT SPONSORSHIP APPLICATION

Financial Support Program: \$500–\$1000 Award

- **Amount Requested** Amount Requested: \$ _____
(Maximum request: \$1,000)

Guidelines and Requirements

- **Participation Acknowledgment** - If selected, are you willing to participate in follow-up coaching, workshops, or check-ins provided by Ava's Pathways? Yes [] No []
- **Use of Demographic Data for Grant Reporting** - I understand that anonymized demographic data from this application may be used in grant reports and funding proposals. ☐ **I acknowledge and consent**
- **Permission to Share Story or Image** - If selected, are you willing to allow Ava's Pathways to share your story, name, and image to help promote this program?

- ☐ **Yes, I consent to sharing all information.**
- ☐ **Yes, I consent but no sharing of name and photo.**
- ☐ **No, I prefer no sharing of my information.**

- Deadline for submittal is **August 15, 2025**. Early applications will receive priority consideration.
- Final decisions for this round will be made before on or by **October 1, 2025**.
- Applications will be reviewed on a rolling basis and funds may be awarded prior to **October 1, 2025**.

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____ **Phone:** _____

Email: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Occupation/Role: _____



SPONSORSHIP CATEGORY

Please select one category that best represents your need:

- ☐ Life Challenge Support (unexpected hardship, health issues, etc.)
- ☐ Business Development (existing business facing challenges)
- ☐ Seed Funding (new initiative or vision)

FINANCIAL INFORMATION

This information helps us understand your current financial situation:

Monthly Income: \$ _____ **Monthly Expenses:** \$ _____

Have you received financial assistance in the past 12 months? Yes [] No []

If yes, please specify type and amount: _____

SHORT ANSWER QUESTIONS

Please answer each question in 50 words or less (can attach separate sheet for responses):

1. What is your immediate financial need, and how would this sponsorship help address it?

2. What steps have you already taken to address your current situation?

3. How will this sponsorship create lasting positive change in your life?



PERSONAL ESSAY

In 500 words or less, please share your story in a typed document. Attach your essay to this application. Include your background, current situation, current challenges you are facing and how this sponsorship will help you overcome these challenges, achieve your goals along with the potential impact of this award in your life. Please be specific about how the funds will be used.

REFERENCES

Please provide two references who can speak to your character and situation:

Reference 1:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Reference 2:

Name: _____

Relationship: _____

Phone: _____

Email: _____

SUPPORTING DOCUMENTATION

Please attach any relevant documentation that supports your application (select all that apply):

- Financial statements
- Medical bills or documentation
- Business plan (for business or seed funding applicants)
- Other: _____
- N/A _____



CERTIFICATION AND SIGNATURE

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification.

Print Name: _____

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

Please submit your completed application by email to hsjackson@avaspathways.org.

*All applications will be reviewed by our selection committee. Finalists may be contacted for a brief interview. Recipients will be notified by or before **October 1, 2025**.*

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Application Complete: Yes [☐] No [☐]

Reviewed By: _____

Interviewed By: _____

Interview Date: _____

Decision: _____

Award Amount: _____

Notification Date: _____