Miami-Dade Public Housing Agency (MDPHA)
HOPE VI – Scott/Carver Redevelopment
701 N.W. 1st Court, 16th floor, Miami, FL 33136
(786) 469-4121 Office (786) 469-4199 Fax

HOPE VI EDUCATION AND TRAINING REQUEST FORM

Name: _____

Name of Household: _____

Address: _____

City: _____ St. _____ Zip _____

Telephone Number: _____

Alternate Number: _____

What kind of education/training are you requesting?

_____
_____
_____
_____

What is the purpose and objective of this education/training?

_____
_____
_____
_____

What is your financial need, explain in detail and provide supporting documentation such as a copy of last years' income tax return. (Provide additional sheets as needed).

_____
_____
_____
_____

Once you have completed this Form and have attached your supporting documentation as noted in the Education and Training Policy, you may mail to the address listed at the top of this Form or you may bring in person to the Merline Matthews Community Center located at 5200 NW 22nd Avenue on Wednesdays from 9:00 AM to 4:00 PM.

If you need assistance in filing out this Form, please contact Sybrina D. Fulton, MDPHA HOPE VI CSS Coordinator, at (786) 469-4121 or Michelle Heath-Kerr, Executive Secretary, at (786) 469-4119.

Signature: **X**_____

Date Submitted**:** _____