



DACA Grant Application

By completing this form, I certify that I understand and agree that the \$495 check issued by Altrusa International of Eastern Sierra Foundation and made payable to the Department of Homeland Security may only be used for my DACA renewal fees charged by the Department. I will not use it for any other purpose. If I do not use my check for this reason, I promise to promptly return the check to Altrusa International of Eastern Sierra Foundation (PO Box 1795, Bishop, CA, 93515).

EAD (Employment Authorization Document) Expiration Date (MM/DD/YYYY): _____
Please enter the following information, as it appears on your EAD card.

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY) _____

Contact Information

Email Address _____ Mobile Phone # _____

Permanent Address:

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

DACA Check

Please let us know how we can send you the check for the \$495 DACA Application Fee. Once approved, you will receive a \$495 check made out to U.S. Department of Homeland Security within a few business days.

I'll arrange to pick it up (250 Sneden St, Bishop, CA, 760-873-7360)

Mail to Permanent Address

Mail to another address: Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Please include a copy of your EAD (Employment Authorization Document). If you have misplaced your EAD card, please include a copy of your ID and an copy of the USCIS Approval Letter you received when your DACA was last approved. Mail application and copies of documents to Altrusa International of Eastern Sierra, PO Box 1795, Bishop, CA, 93515.

Your Story (optional)

This information helps us explain the impact of our programs to funders and supporters. Your answers to these questions will NOT affect the approval of your application.

Your student status: _____

Gender Identity: Female Male Other Prefer Not to Say

How did you hear about the DACA grant of Altrusa International of Eastern Sierra?

School or University Friend or Family Member Other: _____