

Midas Collaborative Education Plan

Investor Name: _____

Community Partner Name: _____

Please fill out the table below based on your education plan:

Name of Institution	
Address	
Major	
Type of School	2-year 4-year training graduate vocational technical
Type of Degree	Associates B.S. B.A. Graduate certificate Masters PhD
Years to complete	
Cost to Attend (per year)	

What other sources besides your matched savings account you will be using to fund your education (please circle all that apply):

- Other savings
- Student Loans
- Scholarships
- Grants
- Gifts
- Fellowships
- Work Study

Desired field of employment: _____

Desired position: _____

Desired salary: _____

Investor Signature: _____ Date: _____