

**Dream Achiever Application**

Revised July 2025

The Dream Come True Foundation is a non-profit that provides assistance to individuals and families who are “on the edge of success” but need a bit of help to achieve their dreams of education or training in a trade that will lead to a high demand job earning a family sustaining income and financial stability. We provide financial support, in-kind assistance and mentoring to individuals and families who currently live in poverty but are committed to breaking the bonds of poverty.

The Dream Come True Foundation is open to Central Texas single individuals and individuals with families **who are currently enrolled or have been accepted into a program.** The successful candidate will have made positive steps towards achieving their dream of stability and success on their own but needs help to fully achieve their dream. Applicants are **required to be employed**, working at least 10 hours per week.

The application may take up to 30 minutes to complete depending on your answers and typing abilities. You are required to submit a budget.

We look forward to receiving your application! To submit your application, please send this completed application to programs@everyonesdreamcometrue.org

### Demographic Information

**Name:**

**School Email Address:**

**Personal Email Address:**

**Phone Number:**

**Address (include zip code):**

**What County do you currently reside in?**

**Travis**

**Bastrop**

**Blanco**

**Burnett**

**Caldwell**

**Hays**

**Williamson**

**Provide the name of: (if not enrolled, you do not meet the criteria of our program) School Enrolled**

**Degree/Certificate**

**Expected Graduation Date**

### Household Information

1. **BUDGET:**
	1. **Download and complete the Budget file:** [**Budget.xlsx**](https://docs.google.com/spreadsheets/d/1etyRKmfkU9N5PuZ9TTlro_x8hyPhdLcz/edit?gid=455702235#gid=455702235) **(click on link and download to complete on your own device.**
	2. **Save the completed budget file using the file name: Budget\_<firstinitial>\_<lastname>.xls**
	3. **Upload the completed Budget file to:** [**Budget Upload Folder**](https://drive.google.com/drive/folders/1RmWF6EybLHY5MYfqze62lnbgH3oKCHGFwCJrKlSJCvnCgnATUaSFBHDv-eqPgG9sHF7zMpwb)
2. **Including yourself, how many people are in your household that you provide for?**
3. **If you have children, please identify the school/childcare arrangements? Yes No Not yet, but in process**

**School Arrangements**

**Childcare Arrangements**

**3.) Check all of the agencies that you and your family are receiving assistance from:**

**SNAP**

**TANF**

**WIC**

**Housing Authority**

**Capital Idea**

**ACC**

**Other / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.) Are you receiving any Financial Aid (ex. Pell Grant, FAFSA)?**

**Yes**

**No**

**5.) What is your current household income?**

**Less than $20,000**

**$20,000 - $35,000**

**$36,000 - $49,000**

**$50,000 - $65,000**

**6.) Employment Status**

**Yes No Hours vary per week**

**Full-time (36+ hours per week)**

**Part-time (less than 36 hours per week)**

**7.) What is your hourly wage?**

**8.) Transportation**

**Yes No**

**Reliable transportation**

**Current Car Insurance**

**Public Transportation/RideShare/Other**

**9.) Please select the health insurance for you and/or children:**

**Major Health Insurance Medicaid MAP Not Insured**

**Self**

**Children**

**10.)Do you have the technology needed to complete education requirements?**

**Yes**

**No**

### Your Dream

**11.)What is the dream you are working to achieve?**

**12.)What challenges have you faced in accomplishing this dream?**

**13.)How would you like The Dream Come True Foundation to assist in accomplishing this dream?**

**14.)Share the reason(s) this is the right time to seek additional assistance.**

**Consent**

**15.)Do you agree to the following? (check all the apply)**

**Meet with a Mentor based on agreed upon frequency**

**Engage in Financial Coaching**

**Communicate with Mentor and Team Members**

**Provide unofficial transcripts (before first interview)**

**16.)Do you consent to a criminal history background check? Yes**

**No**

**Referral**

**17.)Who referred you to this program? (if applicable)**

**18.)Please provide the referral contact information. (if applicable)**