



*Promoting safe and stable families,
neighborhoods and communities*

Scholarship Application

DOCUMENTS NEEDED FOR APPLICATION FOR THE MID CENTRAL COMMUNITY ACTION, INC. SCHOLARSHIP PROGRAM

- Completed Application
- 90 Day Gross Income Verification for all Household Members
- Picture ID for all Adult Members
- Social Security Cards for All Household Members
- Proof of Residency
- Registration Information, Transcripts, **and** Class Schedule
- Financial Aid Award Letter
- Letter from Case Manager if Working with Another Agency

Scholarship Application

APPLICANT INFORMATION

Applicant Name:

Address:

SS#:

Date of birth:

Age:

Gender:

M F

Disabled:

Y N

Veteran:

Y N

Phone:

()

Applicant 90 day
income \$

Household 90 day
day income \$

Household Annual
income \$

Ethnicity (circle one)

Hispanic? Y N
B-Black
W-White
N-Native American/Alaskan
A-Asian
O-Other

Education: (circle one)

A-0-8
B-9-12/Non HS Grad
C-HS Grad/GED
D-12+
E-College Graduate

Public Assistance (mark each item)

Link Y N
Medicare Y N
Medicaid Y N
Private Ins Y N

Family Type (circle one)

Single Parent/Female
Single Parent/Male
Two Parent
Couple with no Children
Single
Other

Housing Status (circle one)

Renter – Amount \$ _____
Owners
Homeless with Roof
Homeless without Roof

Source(s) of Income (circle all that apply)

Employment Pension
TANF Disability
SS SSI
General Assistance (Township)
Other

OTHER HOUSEHOLD MEMBERS LIVING WITH YOU (RELATED OR NOT)

(see codes above)

Name:			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
Name:			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	
Name:			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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Name:			Soc. Sec. #	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Education	Race	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N	Source of Income	Income amount in last 90 days \$	

Briefly describe your educational/training goals

What has motivated you to pursue the above goals?

Anticipated date for completing the above goals

What was your biggest accomplishment in the past year?

List any school, community activities, or organizational involvement. Include any awards, honors, or offices held.

How will receiving this scholarship help you attain your goals?

FINANCIAL INFORMATION

List any financial assistance you have **APPLIED FOR?**

	AMOUNT	\$
	AMOUNT	\$
	AMOUNT	\$

What financial assistance has been **APPROVED?**

	AMOUNT	\$
	AMOUNT	\$
	AMOUNT	\$

What is your Action Plan should MCCA not be able to provide financial assistance?

**2009 CSBG SCHOLARSHIP PAST 90- DAY GROSS INCOME
GUIDELINES**

Please include wages, unemployment, social security income,
child support income,
TANF (Public Aid cash assistance)
or Township assistance (only the portion that goes directly to you).
**Do Not Include your Financial Aid grants, scholarship, or loans,
or Tax Refunds**

Number in Household	Past 90 Day Gross Income
1	\$3384.00
2	\$4553.00
3	\$5722.00
4	\$6891.00
5	\$8059.00
6	\$9228.00
7	\$10,397.00
8	\$11,566.00