

**SOS Scholarship Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Type (ex: single parent, two parent, multigenerational, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing status (circle one): Rent Own Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list everyone living in the household below:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | Relationship to Head of Household | Gender | Race | Level of Education | Birthdate | Disabled (Yes or No) | Monthly Income Estimate |
|   |   | Self |   |  |  |   |   |   |
|   |   |   |   |  |  |   |   |   |
|   |   |   |   |  |  |   |   |   |
|   |   |   |   |  |  |   |   |   |
|   |   |   |   |  |  |   |   |   |
|   |   |   |   |  |  |   |   |   |

 Child(ren) who need scholarships:

|  |  |  |
| --- | --- | --- |
| Name of child | Name of Program | Cost (Weekly cost and number of weeks) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Required Attachments for complete application:

1. Copy of completed form
2. Copy of Driver’s License for Head of Household
3. Documentation of the last 90 days of income for each person over the age of 18 (paystubs from the last 90 days, SSI letters, child support documentation, etc.)

By signing this application, I certify that the information given is true and accurate. I understand that any false information will result in my disqualification from this program.

Applicant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Release of Liability:

In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue WAMY Community Action, Inc., their employees, officers, volunteers, and agents (collectively “District”) from any and all claims, including claims of the District’s negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity.

Please note that approval of scholarship funds does not guarantee a spot at your preferred program. Please refer to the program you have chosen to check your child’s status. We review attendance logs from the programs we work with – if your child fails to attend, you may be liable for repayment of this scholarship and may become ineligible in the future. The family is responsible for any cost over and above the qualified scholarship amount.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Gross Income Guidelines:

|  |  |  |
| --- | --- | --- |
| **Number in Family** | **125% of Poverty (up to $1000/child scholarship)** | **200% of Poverty (up to $500/child scholarship)** |
| 2 | $24,650 | $39,440 |
| 3 | $31,075 | $49,720 |
| 4 | $37,500 | $60,000 |
| 5 | $43,924 | $70,280 |
| 6 | $50,350 | $80,560 |
| 7 | $56,775 | $90,840 |
| 8 | $63,200 | $101,120 |