



# Youth Scholarship Application - 2017

**INSTRUCTIONS:** To apply for a scholarship for reduced activity fees for your child, carefully complete, sign, and return this application to the HRC office. If you need help with this form, please contact the HRC office. **Your application cannot be approved if it is incomplete.**

**YOU MUST HAVE THIS FORM FILLED OUT AND APPROVED ONE WEEK PRIOR TO ENROLLING IN ANY ACTIVITES!**

**LIST NAME(S), AGE(S), and SCHOOL(S), AND GRADE(S) if attending OF EVERYONE LIVING IN YOUR HOUSEHOLD. LIST ALL INCOME RECEIVED LAST MONTH (before taxes and other deductions) on the same line with the person who received it. List each amount under the correct heading. (See other side). If you have no income write how you support yourself and family (i.e. student loans, etc.) If a child is a foster child please write FOSTER next to their name.**

	FULL NAME - list everyone living in the home even if they do not have any income.	DATE OF BIRTH MM/DD/YEAR	SCHOOL & GRADE if attending	TOTAL GROSS EARNINGS FROM WORK include all jobs - before deductions	SOCIAL SECURITY INCOME Pension, Retirement	WELFARE Alimony Child Support, Etc.	SELF-OWNED BUSINESS Self employment, Farm, OTHER INCOME	TEMPORARY INCOME Strike benefits, Un-employment, Worker's Compensation
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**HOUSEHOLDS RECEIVING FOOD STAMPS OR AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC).** If your household is now receiving food stamps or AFDC for each named child, you may give your food stamp case number or AFDC number.

My household currently receives food stamps. Our food stamp case number is: \_\_\_\_\_

My household currently receives AFDC for each named child. Our AFDC case number is: \_\_\_\_\_

NAME & ADDRESS OF HOUSEHOLD APPLYING:

\_\_\_\_\_  
 Print Name Main Contact Phone Number (Home or Cell) Other Phone Number (Home or Cell)

\_\_\_\_\_  
 Street City State Zip E-mail Address

\_\_\_\_\_  
 Person's Name from above who is working - Employer's Name - Business Work phone number - work numbers needed to verify employment

\_\_\_\_\_  
 Person's Name from above who is working - Employer's Name - Business Work phone number - work numbers needed to verify employment

**SIGNATURE:** I certify that all of the above information is true and correct and that all income is reported. I understand that HRC officials may verify the information on the application, and deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. An adult must sign the application before it can be approved.

\_\_\_\_\_  
 Signature of Adult Family Member Date



# GUIDELINES FOR REPORTING INCOME

**Current Income:** List all income received last month by anyone living in your residence, regardless of their relationship to you. Purposeful misrepresentation is subject to prosecution. If your income changes by \$50.00 per month (\$600) per year, or if your household size changes, you are to reapply at that time.

**Types of Income:** Include all income from all sources for all persons living in your residence. This includes all persons and not just those over twenty-one years of age. Income from the following sources should be included:

- |                              |   |
|------------------------------|---|
| Wages & Salaries             | Alimony   |
| Tips                         | Child Support Payments  |
| Commissions                  | Disability Benefits   |
| Pensions                     | Net Income for Self-Owned-Business, Farm                                    |
| Annuities                    | Any Other Resources Which May be Available to Pay for Children's Activities |
| Retirement Income            | Worker's Compensation   |
| Social Security              | Veterans' Payments  |
| Rental Income                | Interest  |
| Royalties                    | Dividend Income   |
| Public Assistance Payments   | Cash Withdrawn from Savings   |
| Welfare Payments             | Income from Estates, Trusts   |
| Strike Benefits              | Investments   |
| Unemployment Compensation    | Regular Contributions from Persons not living in the Household              |
| Supplemental Security Income |   |

**DO NOT REPORT**  
 Scholarships and Educational grants (i.e. Pell Grants)  
 Food Stamps  
 Value of In-Kind Compensation Allowances (i.e. Military Base Housing)  
 Children's Incidental Income from Occasional Jobs such as Baby-sitting, Shoveling Snow, Cutting Grass.  
**To compute monthly Income:**  
 - Weekly income x 4.33  
 - Bi-weekly income (every two weeks) x 2.15  
 - Semi-monthly Income (twice a month) x 2

**Income From Self Employment:** Self-employed persons may use income tax records for the preceding calendar year as a base to project the current year's net income, unless the current monthly income provides a more accurate measure. Report income derived from the business venture less operating costs incurred in the generation of that income. Deductions for personal expenses such as interest on home payments, medical expenses, and other similar non-business deductions are not allowed in reducing gross business income.

Additional income from other kinds of employment must be treated as separate and apart from the income generated for your business venture. For example, if you operated a business at a net loss but held additional employment for which a salary was received, the income for purposes of applying for free or reduced price activities would be the income from the salary only. The loss from the business cannot be deducted from a positive income earned in other employment. For purposes of this application, it is not possible to report a negative income from any business venture. The least income possible is zero (no income).

The necessary and appropriate information for arriving at allowable income from private business operation may be taken from the following lines of your most recent US Individual Income Tax Return – Form 1040.

**FARMING INCOME** – Add together the amounts reported on the following lines.

Line 13 \$ \_\_\_\_\_  
 Line 15 \$ \_\_\_\_\_  
 Line 19 \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_ ÷ 12 mo. = Monthly Income

**PROPRIETORSHIP INCOME** – Add together the amounts reported on the following lines.

Line 12 \$ \_\_\_\_\_  
 Line 13 \$ \_\_\_\_\_  
 Line 15 \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_ ÷ 12 mo. = Monthly Income

**PARTNERSHIP INCOME** – Add together the amounts reported on the following lines.

Line 13 \$ \_\_\_\_\_  
 Line 15 \$ \_\_\_\_\_  
 Line 18 \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_ ÷ 12 mo. = Monthly Income

**\*FOSTER CHILDREN:** WRITE FOSTER next to child's name if this child, living with your family, is a legal ward of a Welfare Agency or the Court. This child may be eligible for benefits regardless of income of the members of the household with whom he or she resides. Only foster children will be considered for the Scholarship program unless the rest of the family qualifies as well.

**FOR HRC USE ONLY – DO NOT WRITE BELOW THIS LINE**

Total number in household: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_ Approved: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Sent back for corrections on: \_\_\_\_\_

Resubmitted on: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_