



## Wesley House Community Center Summer 2019 Scholarship Application Deadline: May 23, 2019

The answers you put on this application will give us the information necessary to determine if you are eligible and the amount of assistance for which you qualify. Completing this application does not guarantee you will receive a scholarship. Awards are based primarily on whether applicants fall below the federal poverty guidelines.

To apply for a scholarship, please compete and return this form no later than the deadline – returning prior to the deadline is encouraged. You must fill out the application completely. Give complete and honest information and provide supporting documents. Missing information will result in denial of your application or considerable delay in your determination.

### **Edibility Requirements:**

Please check the following statements that are true. For each checked statement you must provide documentation with the completed application – pay stubs or a W2 are required for consideration.

- I am a working parent – provide two most recent check stubs
- I have my most recent W2 – provide a copy
- I am currently enrolled in school, college, or a training program – provide a copy of your official schedule
- I have completed all required Wesley House forms: enrollment application; emergency/medical information; parent handbook acknowledgement form; authorization to release information

### **Internal Use Only**

Date received: \_\_\_\_\_

Approved    Approval Amount: \_\_\_\_\_

Denied       Reason: \_\_\_\_\_

**Section I – Applicant & Family Information**

Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Address \_\_\_\_\_

**Children**

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

**Additional Family Members Living in the Household (siblings, parents, grandparents, etc.)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_

**Section II – Employment**

1. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Relation (circle one): Mother Father Guardian Other \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Relation (circle one): Mother Father Guardian Other \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Relation (circle one): Mother Father Guardian Other \_\_\_\_\_

If you do not work fulltime, please indicate why: \_\_\_\_\_

**Section III – Education if Currently Enrolled**

School \_\_\_\_\_ Status (circle one): Fulltime Part-time Other

Date of anticipated completion \_\_\_\_\_

**Section IV – Other Income** (from applicant, spouse or household member)

Child Support Amount	\$ _____	per week/month (circle one)
Unemployment Benefits	\$ _____	per week/month (circle one)
Disability	\$ _____	per week/month (circle one)
Social Security	\$ _____	per week/month (circle one)
Pension	\$ _____	per week/month (circle one)
Alimony	\$ _____	per week/month (circle one)
Other (specify) _____	\$ _____	per week/month (circle one)

Indicate if you are receiving any of the following benefits. You may be asked for documentation.

- Food stamps
- Housing assistance
- Daycare assistance (for other children)
- Families First (TANF)

**Section IV – Expenses**

Rent/mortgage (monthly)	\$ _____
Utilities (KUB/water)	\$ _____
Telephone/cellphone	\$ _____
Health insurance	\$ _____
Auto loan payment	\$ _____
Other: _____	\$ _____

Please tell us why you should receive a scholarship including an explanation of your financial need:

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I certify that all information listed (and attached) is true to the best of my knowledge. I understand the information provided will be used to determine my eligibility to receive a need-based scholarship. I also grant permission to Wesley House Community Center to investigate the information herein. That may include contacting employers, DHS, landlords, or others listed in this application.

Applicant Name _____	Applicant Signature _____	Date _____
Spouse Name _____	Spouse Signature _____	Date _____