



## Scholarship Application – Due Friday, April 7, 2023

### ***Application Instructions:***

**Part 1:** List all household members and the name of each child's school (if known). For any person, including children, with no income, you must check the "No Income" box.

**Part 2:** Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
  - **Gross Income and How Often It Was Received:** For each household member listed in section 1, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly.
  - **Earnings:** Be sure to list the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.
  - **Income received from welfare, child support, and alimony:** List the amount each person received.
  - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** List the amount each person received.
  - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Part 3:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

**Part 4:** Provide your 1040 form verifying income from 2022 or your qualification letter for Free or Reduced Lunch for the 2022-23 school year. Please mask/hide any Social Security Numbers. You can email your completed application to [info@communityofhopeministries.org](mailto:info@communityofhopeministries.org).

## Part 1

[illegible]

## Part 2

TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

[illegible]

### Part 3

#### SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 2 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.**

*I certify (promise) that all information on this application is true and that all income is reported. I understand that COHM may receive funds based on the information I give. I understand that COHM may verify (check) the information. I understand that if I purposely give false information, my children may lose benefits or scholarships. I understand my child's eligibility status may be shared as allowed by law.*

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \*\*\* - \*\* - \_\_\_\_ ☐ I do not have a Social Security Number

#### DO NOT FILL OUT THIS PART. THIS IS FOR COHM USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_ Eligibility: Free\_\_ Reduced\_\_ Denied\_\_ Date Withdrawn: \_\_

Reason for denial or withdrawal: \_\_\_\_\_

Determining COHM Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming COHM Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying COHM Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_