



Scholarship Application – Due Friday, March 14, 2025

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 members 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 2024 or your qualification letter for Free or Reduced Lunch for the 2024-25 school year. Please mask/hide any Social Security Numbers. You can email your completed application to info@communityofhopeministries.org.

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.

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Wee kly	Ev ery 2 We eks	Tw ice Mo nth ly	Mont hly	Welfare, child support, alimony	Wee kly	E ve ry 2 We eks	T wi ce Mo nth ly	Mont hly	Social Security, SSI, VA, retirement benefits	Wee kly	E ve ry 2 We eks	T wi ce Mo nth ly	Mont hly	All other income (such as Unemployment) benefits	Wee kly	Ev ery 2 We eks	Tw ice Mo nth ly	Mont hly
<i>(Example) Jane Smith</i>	\$200	X				\$150		X			\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

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 YOU CURRENTLY HAVE INSURANCE THROUGH AMERIHEALTH CARITAS NORTH CAROLINA? Yes No

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: _____