



# Count Me In

## Financial Assistance Application 2024

**1.**

_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth
_____	_____
Child's Name	Date of Birth

**2.**

_____	_____	_____
EBT/SNAP # or KTAP #	Other Government Assistance	Military Verification
_____	_____	_____
Medical Card #	Foster Child	

**3. ATTACH PROOF OF SCHOLARSHIP ELIGIBILITY** (copy of any of the documents in box 2 for each child listed in box 1 or Federal Income Tax return)

**4. HOUSEHOLD MEMBERS AND ANNUAL INCOME: If you have documents from box 2 skip Part 4 and go to Part 5.**  
**Complete Part 4 only if using Federal Income Tax return.**

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above		GROSS ANNUAL Income From Work (Before Deductions)	ANNUAL Income From Welfare Payments, Child Support, Alimony	ANNUAL Income From Pensions Retirement Social Security	Any Other Annual Income
LAST	FIRST				
1. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____	\$ _____	\$ _____

**5. SIGNATURE:** I certify that I am the parent/guardian of the child for whom this application is made and that all of the above information is true and correct. I also certify that the food stamp or other eligible program case number is current, correct, or that all income is reported. I understand that institution officials may verify the information and documents provided.

X \_\_\_\_\_  
Signature of Adult Household Member Printed Name Date

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street/ Apt. No. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**6. RACE** Please check the racial or ethnic identity of the participant. You are not required to complete this part.

\_\_\_\_ White, non-Hispanic \_\_\_\_ African American \_\_\_\_ Hispanic \_\_\_\_ Asian/ Pacific Islander \_\_\_\_ American Indian/ Alaskan Native

**FOR SPONSOR USE ONLY DO NOT WRITE BELOW THIS LINE.**

Application:

\_\_\_\_ Approved \_\_\_\_\_ Not Approved

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Determining Official Date Manager Verification Signature



**INSTRUCTIONS FOR SCHOLARSHIP ELIGIBILITY APPLICATION**

Scholarships are based on the income or documentation guidelines below.

**2024 Income Guidelines for scholarship rate**

<u>Household Size:</u>	<u>Annual</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every Two Weeks</u>	<u>Weekly</u>
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
For each additional member add:	9,509	793	397	366	183

**Food Stamp/ K – TAP/Medical Card** – If you receive any of this type of assistance, please complete the form as instructed and provide the agency with a copy of the document for each child.

**Foster Child/Military Verification** – Please provide verification of Foster Child status or Military Service verification card to qualify.

**All Other Households** – If your household income is at or below the amount shown for the size of your household, please fill out the application completely. You will be asked for the following information and must provide a copy of your Federal Income Tax return for the current or prior year. (Please redact/black-out your social security number from your tax return document.)

**Household Members** – List the names of everyone who lives in your household, Include parents, grandparents, all children, other relatives, and unrelated people who live in your household.

**Annual Income** – List the total income your household receives annually. Also list the income amount (before deductions for taxes, social security, etc.) each person received last annually and where it came from (wages, retirement, welfare, etc.) If you have a household member whose annual income was higher or lower than usual, list that person’s expected average annual income.

**Signature** – An adult household member must sign the application.

**Verification** – The information you put on the application may be checked by agency officials at any time during the year.

**Reporting Changes** – If your situation changes at any time during the year, please contact the agency.

**Nondiscrimination** –No child shall be discriminated against because of race, sex, color, national origin, religion, age, or disability.

**Confidentiality** – The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data.