

2023 H4K SCHOLARSHIP APPLICATION

APPLICANT INFO:			PPLYING FOR:		
Full Name:			np	O Full Scholarship	
Mailing Address:			<ul> <li>C League</li> <li>C Partial Scholarship</li> <li>C Training</li> <li>O Other</li> </ul>		
City State Zip         Home Phone ()         Cell Phone ()         Email		I Can Afford \$ Adults In Household: Dependent Children In Household: <b>CURRENT ASSISTANCE STATUS</b> O First Time Applicant O Renewal / Return Application			
A SCHOLARSHIP APPLICATION & THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN APPLYING FOR AID					
A. Working Currently Or Self Employed:	<b>B</b> . <u>Receiving Other Assistance:</u>		<b>C</b> . <u>Letter</u>	Of Special Circumstances:	
O Most Recent Tax Return*	O If Applicable, Documentation Of SSI, SSD,		O We Unde	erstand That Numbers Don't	
&	Food Stamps (FS) / Notice Of Action, AFDC, Unemployment, Child Support (CS), Etc.		Special C	erything. If There Are Any Circumstances Please Include n Explanation So That	
<ul> <li>O 30 Day Proof Of Income For Entire Household</li> </ul>	Monthly SSI / SSD \$		Consider	ration May Be Given.	
	Monthly Unemployment <b>\$</b>		Special	Unusual Circumstances:	

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## D. THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS UNLESS OTHERWISE SPECIFIED

Monthly FS / CS

Total Monthly Assistance \$\_

\$

30 Day Gross Income

\*Visit irs.gov & Search "Get Transcript"

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or financial assistance not listed above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact an H4K representative immediately. I understand that if I falsify any of the above information for any reason, I will not be available for assistance now and / or in the future.

\$

STAFF USE ONLY Yes\_ No % **INCOME VERIFICATION** DATE RECEIVED % GIVEN **RE-APPLY DATE**