

2024 H4K SCHOLARSHIP APPLICATION

| APPLICANT INFO: Full Name: | | | I AM APPLYING FOR: | | | | | | | | |
|--|--|---|---|--|--|-------|--|--|--------------------------------|--|--|
| | | | ○ Car | mp OFull Scholarship | | | | | | | |
| Mailing Address: | | | O Lea | gue OPartial Scholarship | | | | | | | |
| | | | ○ Training | | | | | | | | |
| | | _ | O0th | ner | | | | | | | |
| City State Zip | | | I Can Afford \$ Adults In Household: | | | | | | | | |
| | | | | | | | | | | | |
| Home Phone () Cell Phone () | | | Dependent Children In Household: CURRENT ASSISTANCE STATUS O First Time Applicant | | | | | | | | |
| | | | | | | Email | | | O Renewal / Return Application | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| <u> A SCHOLARSHIP APPLI</u> | CATION & THE FOLLOWING DOCU | MENTS ARE I | REQUIRED | WHEN APPLYING FOR AID | | | | | | | |
| A. Working Currently Or Self Employed: | B. <u>Receiving Other As</u> | ssistance: | | C. <u>Letter Of Special Circumstances:</u> | | | | | | | |
| O Most Recent Tax Return* | O If Applicable, Documentation Of SSI, SSD, | | I, SSD, | O We Understand That Numbers Don't | | | | | | | |
| | Food Stamps (FS) / Notice Of Action, AFDC, | | Show Everything. If There Are Any | | | | | | | | |
| & | Unemployment, Child Support (CS), Etc. | | , Etc. | Special Circumstances Please Includ | | | | | | | |
| O 30 Day Proof Of Income For | Monthly SSI / SSD | ¢ | | A Written Explanation So That Consideration May Be Given. | | | | | | | |
| O 30 Day Proof Of Income For Entire Household | Monthly 221/ 22D | Ψ | | Consideration May be Given. | | | | | | | |
| Littile Household | Monthly Unemployment | \$ | | Special / Unusual Circumstances: | | | | | | | |
| \$ | monthly onemployment | Ψ | | special / Onusual encamstances. | | | | | | | |
| 30 Day Gross Income | Monthly FS / CS | \$ | | \$ | | | | | | | |
| *Visit <u>irs.gov</u> & Search "Get Transcript" | Total Monthly Assistance | e \$ | | \$ | | | | | | | |
| D. THIS APPLICATION MUST BE RENEWED EV I certify that the above information is true a not listed above. I agree, if necessary, to se | ERY 12 MONTHS UNLESS OTHERN nd complete to the best of my kno nd additional information and do | WISE SPECIF owledge, and cumentation participation | that I do r to support , I will con | \$ | | | | | | | |

DATE RECEIVED

% GIVEN

RE-APPLY DATE

INCOME VERIFICATION