2017 Community Scholarship Application

Springfield Partners for Community Action has $10,000 in scholarships available for Springfield residents attending college or a vocational training program in the fall of 2017.

Awards
Ten scholarships of $1,000 each are available.

Ten scholarships will be awarded to either adult learners accepted to an accredited Massachusetts college or vocational program, or to 2017 high school graduates attending an accredited Massachusetts college or vocational program this year.

Those awarded the scholarships will be notified on June 2, 2017.

Scholarship awards will only be made payable to the winner’s college or school. Awards will be made at a Scholarship Awards Breakfast on Friday, June 16, 2017. Winners must be present at the breakfast.

Eligibility
Applicants must:
- Be a resident of Springfield, MA
- Have been accepted to an accredited or licensed college or vocational program in Massachusetts
- Demonstrate a commitment to one’s community, through volunteer work or other means
- Be able to attend the Scholarship Awards Breakfast on Friday, June 16, 2017.
- Meet income eligibility criteria, as shown below:

<table>
<thead>
<tr>
<th>Family Size:</th>
<th>Income not to exceed 125% of Federal Poverty Level Guidelines:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,075</td>
</tr>
<tr>
<td>2</td>
<td>$20,300</td>
</tr>
<tr>
<td>3</td>
<td>$25,525</td>
</tr>
<tr>
<td>4</td>
<td>$30,750</td>
</tr>
<tr>
<td>5</td>
<td>$35,975</td>
</tr>
<tr>
<td>6</td>
<td>$41,200</td>
</tr>
<tr>
<td>7</td>
<td>$46,425</td>
</tr>
<tr>
<td>8</td>
<td>$51,650</td>
</tr>
<tr>
<td>Each Additional</td>
<td>Add $5,255</td>
</tr>
</tbody>
</table>

Submission

Applications must be received by May 5, 2017, at noon. Late entries will not be considered.

Please mail or deliver applications to Springfield Partners for Community Action, Attn: Scholarship Committee, 721 State St., 2nd Floor, Springfield, MA 01109. Applications and attachments may also be e-mailed to tabithad@springfieldpartnersinc.com Please do NOT submit applications via fax. Questions about your application? Call Tabitha Desplaines at 413-263-6500 ext. 6521.
All applicants must be Springfield residents and meet income eligibility criteria (see cover sheet)

Scholarships will be awarded to those attending accredited/licensed schools in Massachusetts

Please type or print, be sure to utilize the checklist below. Incomplete applications will not be considered.

Applications must be received May 5, 2017 by 12:00 noon. Late entries will not be considered.

Email this application and attachments to tabithad@springfieldpartnersinc.com; or, mail or hand-deliver completed applications to:

Springfield Partners for Community Action
Attn: Scholarship Committee
721 State St. 2nd Floor
Springfield, MA 01109

Document Checklist:

_____ Springfield Partners for Community Action Common Intake Form

_____ Application

_____ Proof of Income: 2016 Tax Return

_____ Proof of acceptance from a Massachusetts college or licensed technical/vocational training program

_____ Essay --Please write a short (under 400 words) essay about yourself. Tell us about your background; what you hope to accomplish after attaining your educational goals; and why you deserve this scholarship award. Please type the essay, label it with your name.

_____ 1 letter of recommendation from a professional or educational reference
### School Information

School Name: ____________________________________________________________

Program or Course of Study: ________________________________________________

School Address & Phone: ____________________________________________________

I am a/an:  ______ Class of 2015 high school graduate       ______ Adult Learner

Have you previously received a scholarship from Springfield Partners:  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Have you or your family ever been assisted by programs offered by Springfield Partners?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Please list the last school you attended, and the highest grade or degree completed:

__________________________________________________________________________

### Personal Information

| Name: ______________________ (First)________________________ (MI)________ (Last) |
| Address: ___________________________ |
| City, State, Zip: ___________________________ Home Phone: __________________ |
| Email: ___________________________ Cell Phone: __________________ |

### Reference

Please list one professional or educational reference for us to contact. Please do NOT list family members. Please note this should be a different person from your letter of reference.

<table>
<thead>
<tr>
<th>Name, Title, Organization</th>
<th>Email Address</th>
<th>Telephone</th>
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</table>

Relationship

__________________________________________________________________________
Goals

Please describe what you plan to do upon completing your degree or training:

Community Involvement

Please tell us about any volunteer service you have performed, including which organization(s) and when:

Applicant’s Signature: ____________________________________________

Date: __________________________
COMMON INTAKE FORM

File # Octopia: _____________   Intake Date: _____________
Appointment Date: _____________ Time: _____________

Head of Household

Name_______________________________________________
Last                                       First   M.
Address_______________________________Apt#____________
City___________________Zip____________Phone___________
Email: __________________________

How did you hear about us? _______________________________

YOU MUST COLLECT AND DOCUMENT ALL REQUIRED INFORMATION. DO NOT LEAVE BLANK!
Household Composition - complete for each household member. Start with head of household (USE CODES LISTED ON BACK)

<table>
<thead>
<tr>
<th>Name</th>
<th>Vet</th>
<th>Relationship</th>
<th>Age</th>
<th>Gender</th>
<th>Disabled Y/N</th>
<th>DOB</th>
<th>Income Type</th>
<th>Mthly Income Amt.</th>
<th>ETH</th>
<th>EDU</th>
<th>Health Ins Y/N Type</th>
<th>SNAP Y/N</th>
<th>WIC Y/N</th>
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<tr>
<td>Head</td>
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</table>

Total Number in Household ______

Annual Household Income ______

Over>>>>>>
Updated 2/2015

Springfield Partners for Community Action 2017 Scholarship Application Page 5 of 6
I, ________________________________ understand that by signing this document the information provided by me to be true and accurate to the best of my knowledge. I further authorize the release of information by Springfield Partners for Community Action for the purpose of providing necessary assistance on my behalf.