



## 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:

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

### 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., 2<sup>nd</sup> Floor, Springfield, MA 01109. Applications and attachments may also be e-mailed to [tabithad@springfieldpartnersinc.com](mailto:tabithad@springfieldpartnersinc.com) **Please do NOT submit applications via fax.** *Questions about your application? Call Tabitha Desplaines at 413-263-6500 ext. 6521.*

# 2017 Community Scholarship

- 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](mailto:tabithad@springfieldpartnersinc.com); or, mail or hand-deliver completed applications to:

Springfield Partners for Community Action  
Attn: Scholarship Committee  
721 State St. 2<sup>nd</sup> 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

**Personal Information**

Name: \_\_\_\_\_  
*(First) (MI) (Last)*

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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: Yes No

Have you or your family ever been assisted by programs offered by Springfield Partners? Yes No

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

\_\_\_\_\_

**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.

\_\_\_\_\_  
Name, Title, Organization Email Address Telephone

\_\_\_\_\_  
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? \_\_\_\_\_

Weatherization	_____	Homebuyer Educ.	_____
New Beginnings Childcare	_____	Pre -Purchase	_____
Scholarships	<b>X</b>	Delinquency	_____
Veterans Services	_____	Post-Purchase	_____
Multicultural Alzheimer's	_____	Foreclosure Prevention	_____
LITC	_____	Default Counseling	_____
VITA	_____	Housing Search/Relo	_____
Financial Literacy	_____	Eviction Clinic	_____

Language Spoken: \_\_\_\_\_

**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)**

Name	Vet	Relationship	Age	Gender	Disabled Y/N	DOB	Income Type	Mthly. Income Amt.	ETH	EDU	Health Ins. Y/N Type	SNAP Y/N	WIC Y/N
		Head											

**Total Number in Household** \_\_\_\_\_

**Annual Household Income** \_\_\_\_\_

**Over>>>>>**  
Updated 2/2015

**COMMON INTAKE CONTINUE, Page 2**

**FAMILY TYPE (Select One)**

- Single Parent/Female
- Single Parent/Male
- 2-Parent Household
- Single Person
- 2 Adults, No children

**HOUSING TYPE (Select One)**

- Own
- Rent
- Live with family

**VETERAN INFORMATION ONLY**

**MARITAL STATUS**

- Single                       Divorced
- Married                       Widowed
- Separated

**EMPLOYMENT STATUS**

- Employed                       Retired
- Unemployed                       Disabled

**YEARS OF EDUCATION**

- Numerical value

**CODES**

**TYPE OF INCOME**

- A. Wages                                      J. Workers Comp
- B. Self-Employed                              K. Interest Income
- C. Social Security                              L. Rent Income
- D. SSI    M. Support
- F. TANF    N. Other

**ETHNICITY/RACE**

- Amer. Indian/Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander

**EDUCATION**

- A. 0-8    C. High school grad/GED
- B. 9-12/non-graduate                              D. 12+ some post

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.