



Community Scholarship 2020

Dear Applicant,

We want to help you take the next step in your future. We are looking to award a number of \$1,000 scholarships that can help with tuition and alleviate the cost of going back to school and investing in bettering yourself.

Eligibility Requirements:

- All applicants must be Springfield residents
- Income eligibility guidelines may apply
- Scholarships will be awarded to those attending accredited/licensed schools in Massachusetts
- Applications must be received by April 17, 2020. Late entries will not be considered
- If selected, must be available to attend Awards Dinner on June 11, 2020

How to apply:

- Complete the attached application, please type or print
- Include a letter of reference, essay, and proof of income (2019 tax return)
- Utilize the checklist included in this packet
- Email, mail, or hand deliver completed applications to:

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

Contact Information:

If you have any questions, please contact:

**Tabitha Desplaines
Springfield Partners for Community Action
413-263-6500 x6521
tabithad@springfieldpartnersinc.com**

Document Checklist:

_____ Application (this entire packet)

Instructions to complete Application:

- The person who is applying to receive the scholarship is the applicant and should complete page 5 (even if you aren't over 18 years old).
- We need to collect information on everyone in your household (everyone that is listed on 2019 tax return) use pages 6-7 to complete information for anyone over 18 in the household (parents, spouse, etc.). Use page 8 to enter information on anyone under that age of 18 (siblings, dependents, etc. not including the applicant)
- Pages 9-10 are what the scoring committee reviews along with your essay and letter of recommendation, print or type clearly

_____ Proof of Income: 2019 Tax Return (see page 4 to determine how to claim income)

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

- acceptance letter, copy of a school schedule, letter from school that proves you are attending in Fall of 2020

_____ Essay

- Attach a 500-1,000 word essay that helps us to get to know you better. You want to stand out to our reviewers and write a convincing essay that tells them about your personal background, what your personal, educational, and professional goals are, and why you are the right person to receive one of these scholarships. **Label the essay with your name** and attach to this application.

_____ 1 letter of recommendation from a professional or educational reference



OUR MISSION:

To utilize and provide resources that assist people in need to obtain economic stability, ultimately creating a better way of life.

DISCLAIMER:

Applicants may not be excluded from program participation, be denied program benefits, or otherwise be discriminated against based on race, religion, sexual orientation, national origin, disability, cultural heritage, political beliefs or marital status.

AUTHORIZATION:

- This information is, to the best of my knowledge, true and complete. I understand that by signing this application, I give the agency the authority to verify the information provided on the application.
- I/We hereby authorize Springfield Partners for Community Action to release/exchange information from my records in order to assist me in resolving my situation. This information will be released only to those institutions, companies, agencies and funding sources that our organization believes can provide assistance in helping me.
- I authorized Springfield Partners for Community Action, Inc. to use my photograph/video for promotional and marketing purposes.
- I would like to receive periodic updates and newsletters via e-mail from Springfield Partners.

Applicant Name (Print): _____ **Signature:** _____ **Date:** _____

HOW DID YOU HEAR ABOUT US?

- Event
 Referral
 Website
 Word of Mouth
 Social Media
 Media (TV, Radio, Newspaper)
 Other: _____

For Office Use Only:				
Program Name:	Employee Name:	Date Completed:	Date Entered:	Customer ID: (Database)

Household Size & Income Information

Our scholarship funding comes from various sources. We need to determine your household size and income to determine which funding source is available to you. Please fill out this section based on your 2019 tax return, you will need to supply a copy of your return with this application.

To Determine Household Size:

- Household size should include everyone listed on your 2019 tax return
- If someone else claimed you: it should include yourself, your parents, siblings, etc.
- If nobody else claimed you: it should include yourself, and any dependents you claimed

Total Household Size: _____

Annual Household Income for 2019 _____ (Line 1 from Tax Return Form 1040)

Attach proof of income to this application (page 1 of Tax Return form 1040)

Has there been any changes in your income or family size in 2020 (currently unemployed, household size changed, etc.) that are not reflected in your 2019 taxes that you believe would affect your income eligibility?

_____ NO _____ Yes (please explain below, we may ask for additional documentation to verify)

Other Adult (18+) in household information

_____ **Not Applicable**

Full Name:		Date of Birth ____/____/____	
Home Phone #:	Email Address:		
Language spoken: _____			
DEMOGRAPHIC INFORMATION:			
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race: <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Multigenerational Household	Education Level: <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12 (non - graduate) <input type="checkbox"/> High School Graduate/Equivalent <input type="checkbox"/> 12+ & some <input type="checkbox"/> 2 or 4 year College <input type="checkbox"/> College Graduate
HEALTH INSURANCE INFORMATION:			
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please indicate type:			
<input type="checkbox"/> Medicaid	<input type="checkbox"/> State Children's Health Ins. Program	<input type="checkbox"/> Military Health Ins.	
<input type="checkbox"/> Medicare	<input type="checkbox"/> State Health Ins. for Adults	<input type="checkbox"/> Direct Purchase	
<input type="checkbox"/> Employment			
WORK STATUS FOR INDIVIDUAL OVER (18+):			
<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Unemployed (Short Term, 6 months or less)	<input type="checkbox"/> Retired	
<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Unemployed (Long Term, more than 6 months)	<input type="checkbox"/> Migrant Seasonal Farm Worker	
	<input type="checkbox"/> Unemployed (Not in labor force)		
SOURCE OF INCOME FOR INDIVIDUAL (CHECK ALL THAT APPLY) - WEEKLY INCOME : \$ MONTHLY INCOME : \$			
<input type="checkbox"/> Employment Only			
<input type="checkbox"/> SSI - Supplemental Security Income	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF	
<input type="checkbox"/> SSDI - Social Security Disability Insurance	<input type="checkbox"/> Retirement	<input type="checkbox"/> Pension	
<input type="checkbox"/> VA Services Connected Disability	<input type="checkbox"/> Income from Social Security	<input type="checkbox"/> Child Support	
<input type="checkbox"/> VA Non-Service Connected Disability	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> EITC	
<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Alimony or other Spousal Support	<input type="checkbox"/> Other _____	
HOUSEHOLD NON-CASH BENEFITS:			
<input type="checkbox"/> SNAP	<input type="checkbox"/> HUD VASH	<input type="checkbox"/> Permanent Supportive Housing	
<input type="checkbox"/> WIC	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Childcare Voucher	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy	
		<input type="checkbox"/> Other _____	
MILITARY INFORMATION: (FOR MILITARY PERSONNEL ONLY)			
Military Status:	Type of Discharge (if applicable):	Service Era (if applicable):	
<input type="checkbox"/> Active	<input type="checkbox"/> Honorable <input type="checkbox"/> General	<input type="checkbox"/> WWII	<input type="checkbox"/> Peace Time <input type="checkbox"/> Persian Gulf
<input type="checkbox"/> Veteran	<input type="checkbox"/> Dishonorable <input type="checkbox"/> BCD	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Iraq <input type="checkbox"/> Afghanistan
<input type="checkbox"/> Not in Military	<input type="checkbox"/> Medical <input type="checkbox"/> Other	<input type="checkbox"/> Grenada	<input type="checkbox"/> Korea <input type="checkbox"/> Other (please Indicate):
		<input type="checkbox"/> Lebanon	

Other Adult (18+) in household information

_____ **Not Applicable**

Full Name:		Date of Birth ____/____/____	
Home Phone #:	Email Address:		
Language spoken: _____			
DEMOGRAPHIC INFORMATION:			
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race: <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Multigenerational Household	Education Level: <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12 (non - graduate) <input type="checkbox"/> High School Graduate/Equivalent <input type="checkbox"/> 12+ & some <input type="checkbox"/> 2 or 4 year College <input type="checkbox"/> College Graduate
Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> Not Hisp., Latino, or Spanish			
HEALTH INSURANCE INFORMATION:			
Do you have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please indicate type:			
<input type="checkbox"/> Medicaid	<input type="checkbox"/> State Children's Health Ins. Program	<input type="checkbox"/> Military Health Ins.	
<input type="checkbox"/> Medicare	<input type="checkbox"/> State Health Ins. for Adults	<input type="checkbox"/> Direct Purchase	
<input type="checkbox"/> Employment			
WORK STATUS FOR INDIVIDUAL OVER (18+):			
<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Unemployed (Short Term, 6 months or less)	<input type="checkbox"/> Retired	
<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Unemployed (Long Term, more than 6 months)	<input type="checkbox"/> Migrant Seasonal Farm Worker	
	<input type="checkbox"/> Unemployed (Not in labor force)		
SOURCE OF INCOME FOR INDIVIDUAL (CHECK ALL THAT APPLY) - WEEKLY INCOME : \$ MONTHLY INCOME : \$			
<input type="checkbox"/> Employment Only			
<input type="checkbox"/> SSI - Supplemental Security Income	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> TANF	
<input type="checkbox"/> SSDI - Social Security Disability Insurance	<input type="checkbox"/> Retirement	<input type="checkbox"/> Pension	
<input type="checkbox"/> VA Services Connected Disability	<input type="checkbox"/> Income from Social Security	<input type="checkbox"/> Child Support	
<input type="checkbox"/> VA Non-Service Connected Disability	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> EITC	
<input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Alimony or other Spousal Support	<input type="checkbox"/> Other	
HOUSEHOLD NON-CASH BENEFITS:			
<input type="checkbox"/> SNAP	<input type="checkbox"/> HUD VASH	<input type="checkbox"/> Permanent Supportive Housing	
<input type="checkbox"/> WIC	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Childcare Voucher	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy	
		<input type="checkbox"/> Other _____	
MILITARY INFORMATION: (FOR MILITARY PERSONNEL ONLY)			
Military Status:	Type of Discharge (if applicable):	Service Era (if applicable):	
<input type="checkbox"/> Active	<input type="checkbox"/> Honorable <input type="checkbox"/> General	<input type="checkbox"/> WWII	<input type="checkbox"/> Peace Time <input type="checkbox"/> Persian Gulf
<input type="checkbox"/> Veteran	<input type="checkbox"/> Dishonorable <input type="checkbox"/> BCD	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Iraq <input type="checkbox"/> Afghanistan
<input type="checkbox"/> Not in Military	<input type="checkbox"/> Medical <input type="checkbox"/> Other	<input type="checkbox"/> Grenada	<input type="checkbox"/> Korea <input type="checkbox"/> Other (please Indicate):
		<input type="checkbox"/> Lebanon	

Children (under 18) in household information (do NOT include scholarship applicant)

Child Name	DOB	Relationship	Gender (M/F/O)	Race (see codes below)	Ethnicity (see codes below)	Education Level (see codes below)	Health Insurance (Y/N)	Type of insurance (see codes below)	Disabled (Y/N)	Income

Use these codes to fill out the above chart:

- | | | | |
|---------------------------|----------------------------------|--|---------------------|
| Race: | Ethnicity: | Education | Insurance |
| A. Amer. Indian/Alaskan | A. Hispanic, Latino, Spanish | A. Grade 0-8 | A. Medicaid |
| B. Asian | B. Not Hispanic, Latino, Spanish | B. Grade 9-12 (non-graduate) | B. Medicare |
| C. Black/African American | | C. High School Graduate/Equivalent | C. State Child Ins. |
| D. Hawaiian or Pacific | | D. High School Graduate & some college | D. Other |
| E. White | | | |
| F. Multi-Race | | | |
| G. Other | | | |

Applicant School Information

Name: _____
(First) *(MI)* *(Last)*

- I am/will be a high school graduate in 2020. I will graduate from:

Name of high school

OR

- I am an adult learner (previously graduated from high school)

In the Fall of 2020, I will be attending:

Name of college/University/Vocational program

Major/Concentration/Certificate Program: _____

My anticipated College/University/Vocational Program graduation date is: _____

I will be graduating with a(n)

- Associates Degree
- Bachelors Degree
- Certificate/License please list: _____

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 recommendation.

Name: _____ Title: _____

Organization: _____ Phone: _____

Email: _____ Relationship: _____

Please be sure to attach/include a letter of recommendation.

Community Involvement

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