

Community Scholarship 2022

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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 May 27, 2022. Late entries will not be considered.
* If selected, must be available to attend Awards Event in June 2022 (date TBD)

**How to apply:**

* Complete the attached application

Download to your computer

Complete

Send as an attachment with ALL components to the email below or drop it off in-person

* Include a letter of reference, essay, and proof of income (2021 tax return or FAFSA)
* Utilize the checklist included in this packet
* Email, mail, or drop off in-person the completed applications to:

**Springfield Partners for Community Action**

**Attn: Scholarship Committee**

**721 State St. 2nd Floor**

**Springfield, MA 01109**

**Springfield Partners for Community Action**

**413-263-6500**

[**HR@SpringfieldPartnersInc.com**](mailto:HR@SpringfieldPartnersInc.com)

**Document Checklist:**

Application (this entire packet) Checkboxes are clickable, complete everything in **RED**

Instructions to complete Application:

* The person who is applying to receive the scholarship is the applicant and should complete page 5-6 (even if you aren’t over 18 years old).
* We need to collect information on everyone in your household (everyone that is listed on 2021 tax return) use pages 7-8 to complete information for anyone over 18 in the household (parents, spouse, etc.). Use page 9 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: 2021 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 2022

Essay

* Use space provided OR 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: Click or tap here to enter text. Date:Click or tap to enter a date.

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 2020 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 2021 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: Click or tap here to enter text.

Annual Household Income for 2021 Click or tap here to enter text. (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 2022 (currently unemployed, household size changed, etc.) that are not reflected in your 2021 taxes that you believe would affect your income eligibility?

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

Click or tap here to enter text.

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**Household Size & Income Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Scholarship Applicant Full Name: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth  Click or tap to enter a date. | | |
| Home Phone #: Click or tap here to enter text. | | | | | Cell Phone#Click or tap here to enter text. | | | | | | Work Phone#  Click or tap here to enter text. | | | | | | Email Address:  Click or tap here to enter text. | | | | | | | | | |
| Home Address (include apt#)  Click or tap here to enter text. | | | | | | | | | | | | | | City/Town  Click or tap here to enter text. | | | | | | | | | | State  MA | | Zip Code  Click or tap here to enter text. |
| Mailing Address: (If different from above  Click or tap here to enter text. | | | | | | | | | | | | | | City/Town  Click or tap here to enter text. | | | | | | | | | | State  MA | | Zip Code  Click or tap here to enter text. |
| Do You: | | Own  Rent | | | | | | | | Permanent housing  Homeless | | | | | | | | | | Other Click or tap here to enter text. | | | | | | |
| Language spoken: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEMOGRAPHIC INFORMATION**: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender :**  Male  Female  Other | | | | | | **Race:**  Amer. Indian/Alaskan  Asian  Black or African American  Hawaiian or Pacific  White  Multi-Race  Other | | | | | | | | | **Household Type:**  Single Person  Two Adults No Children  Single Parent  Two Parent  Non-Related Adults with Children  Multigenerational Household | | | | | | | | **Education Level:**  Grade 0-8  Grades 9-12 (non -graduate)  High School Graduate/Equivalent  12+ & some college  2 or4 year College  College Graduate | | | |
| **Ethnicity:**  Hispanic, Latino, or Spanish  Not Hispanic, Latino, or Spanish | | | | | |
| **HEALTH INSURANCE INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have Health Insurance? | | | | | | | | | | | | Do you have a disabling condition: | | | | | | | | | | | | | | |
| Yes | | | No | | | | | | | | | Yes | | | | | | | | | | No | | | | |
| If yes please indicate type: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicaid  Medicare  Employment | | | | | | | State Children’s Health Ins. Program  State Health Ins. for Adults | | | | | | | | | | | | | | Military Health Ins.  Direct Purchase | | | | | |
| **WORK STATUS FOR INDIVIDUAL OVER (18+):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed Full Time  Employed Part Time | | | | Unemployed (Short Term, 6 months or less)  Unemployed (Long Term, more than 6 months)  Unemployed (Not in labor force) | | | | | | | | | | | | | | | Retired  Migrant Seasonal Farm Worker | | | | | | | |
| **SOURCE OF INCOME FOR INDIVIDUAL (CHECK ALL THAT APPLY) - WEEKLY INCOME : $** Click or tap here to enter text. **MONTHLY INCOME : $** Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Only | | | | |
| SSI - Supplemental Security Income  SSDI - Social Security Disability Insurance  VA Services Connected Disability  VA Non-Service Connected Disability  Private Disability Insurance | | | | | | | | | Worker's Compensation  Retirement  Income from Social Security  Unemployment Insurance  Alimony or other Spousal Support | | | | | | | | | | | | TANF  Pension  Child Support  EITC  Other | | | | | |
| **HOUSEHOLD NON-CASH BENEFITS: check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SNAP  WIC  LIHEAP | | | | | HUD VASH  Public Housing  Housing Choice Voucher | | | | | | | | | | | Permanent Supportive Housing  Childcare Voucher  Affordable Care Act Subsidy  Other Click or tap here to enter text. | | | | | | | | | | |
| **MILITARY INFORMATION: (FOR MILITARY PERSONNEL ONLY)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Military Status:** | **Type of Discharge (if applicable):** | | | | | | | | | | | | **Service Era (if applicable):** | | | | | | | | | | | | | |
| Active  Veteran  Not in Military | Honorable  Dishonorable  Medical | | | | | | | General  BCD  Other | | | | | WWII  Vietnam  Grenada | | | | | Peace Time  Iraq  Korea  Lebanon | | | | | | | Persian Gulf  Afghanistan  Other | |

**Other Adults 18+ in household Not Applicable**

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

**Other Adults 18+ Not Applicable**

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

Full Name: Click or tap here to enter text.

In 2022 I will be a (select one):

2022 High School Graduate, I will graduate from (Name of High School): Click or tap here to enter text.

**OR**

An Adult Learner (previously graduated High School)

In the Fall of 2022, I will be attending (Name of College/University/Vocational Program): Click or tap here to enter text.

My Major/Area of concentration is/will be: Click or tap here to enter text.

My anticipated College/University/Vocational Program graduation date is: Click or tap to enter a date.

I will be graduating with a(n)

Associates Degree

Bachelors Degree

Masters/Post Graduate Degree

Certificate/License please list: Click or tap here to enter text.

**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: Click or tap here to enter text. Title: Click or tap here to enter text.

Organization: Click or tap here to enter text. Phone: Click or tap here to enter text.

Email:Click or tap here to enter text. Relationship: Click or tap here to enter text.

***Please be sure to attach/include a letter of recommendation from a different reference.***

**Community Involvement**

**Please tell us about your Community Service, include which organizations and the dates of service:**

Click or tap here to enter text.

**Essay**

Use space provided OR 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

Click or tap here to enter text.