

Community Scholarship 2022

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 (most likely in-person) in July 2022 (TBD)

**How to apply:**

* Complete the attached application, please type or print
* Include a letter of reference, essay, and proof of income (2021 tax return)
* Utilize the checklist included in this packet
* Email, drop-off, or mail 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:**

**Springfield Partners for Community Action 413-263-6500**

**HR@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 2021 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: 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:

o acceptance letter, copy of a school schedule, letter from school that proves you are attending in Fall of 2022

 Essay

o 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:

**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 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:

Annual Household Income for 2021 (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)

**Scholarship Applicant Information**

|  |  |
| --- | --- |
| Full Name: | Date of Birth / /  |
| Home Phone #: | Cell Phone# | Work Phone# | Email Address: |
| Home Address (include apt#) | City/Town | State | Zip Code |
| Mailing Address: (If different from above | City/Town | State | Zip Code |
| Do You: | * Own
* Rent
 | * Permanent housing
* Homeless
 |  | * Other
 |  |  |
| Language spoken:  |
| **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
* 2 or 4 year College
* College Graduate
 |
| **Ethnicity:*** Hispanic, Latino, or Spanish
* Not Hisp., 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 : $ MONTHLY INCOME : $** |
| * 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:** |
| * SNAP
* WIC
* LIHEAP
 |  |  | * HUD VASH
* Public Housing
* Housing Choice Voucher
 |  | * Permanent Supportive Housing
* Childcare Voucher
* Affordable Care Act Subsidy
* Other
 |
| **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 ( please

Indicate): |

**Other Adult (18+) in household information Not Applicable**

|  |  |
| --- | --- |
| Full Name: | Date of Birth / /  |
| Home Phone #: | Email Address: |  |
| Language spoken:  |
| **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
* 2 or 4 year College
* College Graduate
 |
| **Ethnicity:*** Hispanic, Latino, or Spanish
* Not Hisp., 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+):** |
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* Public Housing
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* Affordable Care Act Subsidy
* Other
 |
| **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 ( please Indicate):
 |

**Other Adult (18+) in household information Not Applicable**

|  |  |
| --- | --- |
| Full Name: | Date of Birth / /  |
| Home Phone #: | Email Address: |  |
| Language spoken:  |
| **DEMOGRAPHIC INFORMATION**: |
| **Gender :*** Male
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 | * No
 |  | * Yes
 |  |  | * No
 |  |
| If yes please indicate type: |  |  |  |  |  |  |  |  |  |  |  |
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* Retirement
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* Unemployment Insurance
* Alimony or other Spousal Support
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* Pension
* Child Support
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* WIC
* LIHEAP
 |  |  | * HUD VASH
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* Affordable Care Act Subsidy
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| **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 ( please

Indicate): |

**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 codesbelow) | Health Insurance (Y/N) | Type of insurance (see codes below) | Disable d(Y/N) | Income |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |
| --- |
| **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 & | D. Other |
| E. White |  | some college |  |
| 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 2021, 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):

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