

SPRINGFIELD PARTNERS *for* COMMUNITY ACTION

Community Scholarship 2024

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;
- Applications must be received by April 1, 2024 Late entries will not be considered.
- If selected, must be available to attend Awards Event in June 2024 (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 (2023 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 x6564
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 5-6 (even if you aren't over 18 years old).
- We need to collect information on everyone in your household (everyone that is listed on 2023 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: 2023 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 2024

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:

Date:

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 2023 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 2023 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 2023

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 2023 (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 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: <input type="checkbox"/> Own <input type="checkbox"/> Permanent housing <input type="checkbox"/> Other <input type="checkbox"/> Rent <input type="checkbox"/> Homeless					
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 checked="" type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Multigenerational Household	
Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> Not Hispanic, Latino, or Spanish		Education Level: <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12 (non - graduate) High School Graduate/Equivalent <input type="checkbox"/> 12+ & some college <input type="checkbox"/> 2 or 4 year College 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"/> Medicare <input type="checkbox"/> Employment		<input type="checkbox"/> State Children's Health Ins. Program <input type="checkbox"/> State Health Ins. for Adults		<input type="checkbox"/> Military Health Ins. <input type="checkbox"/> Direct Purchase	
WORK STATUS FOR INDIVIDUAL OVER (18+):					
<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time		<input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in labor force)		<input type="checkbox"/> Retired <input type="checkbox"/> 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: check all that apply

- 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:**

- Active
- Veteran
- Not in Military

Type of Discharge (if applicable):

- Honorable
- Dishonorable
- Medical
- General
- BCD
- Other

Service Era (if applicable):

- WWII
- Vietnam
- Grenada
- Peace Time
- Iraq
- Korea
- Lebanon
- Persian Gulf
- Afghanistan
- Other

Other Adults 18+ in household **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 college <input type="checkbox"/> 2 or 4 year 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: check all that apply			
<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
		<input type="checkbox"/> Lebanon	

Other Adults 18+ Not Applicable

Full Name:	
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 checked="" 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 checked="" type="checkbox"/> 12+ & some college <input type="checkbox"/> 2 or 4 year College Graduate
Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> Not Hispanic, 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"/> Medicare <input type="checkbox"/> Employment	<input type="checkbox"/> State Children’s Health Ins. Program <input type="checkbox"/> State Health Ins. for Adults
<input type="checkbox"/> Military Health Ins. <input type="checkbox"/> Direct Purchase	

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"/> Employed Part Time	<input type="checkbox"/> Unemployed (Long Term, more than 6 months)
<input type="checkbox"/> Unemployed (Not in labor force)	

SOURCE OF INCOME FOR INDIVIDUAL (CHECK ALL THAT APPLY) - WEEKLY INCOME : \$
MONTHLY INCOME : \$

<input checked="" type="checkbox"/> Employment Only		
<input type="checkbox"/> SSI - Supplemental Security Income <input type="checkbox"/> SSDI - Social Security Disability Insurance <input type="checkbox"/> VA Services Connected Disability <input type="checkbox"/> VA Non-Service Connected Disability <input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Retirement <input type="checkbox"/> Income from Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Alimony or other Spousal Support	<input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> EITC <input type="checkbox"/> Other

HOUSEHOLD NON-CASH BENEFITS: Check all that apply

<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP	<input type="checkbox"/> HUD VASH <input type="checkbox"/> Public Housing <input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other
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MILITARY INFORMATION: (FOR MILITARY PERSONNEL ONLY)

Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Not in Military	Type of Discharge (if applicable): <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Dishonorable <input type="checkbox"/> BCD <input type="checkbox"/> Medical <input type="checkbox"/> Other	Service Era (if applicable): <input type="checkbox"/> WWII <input type="checkbox"/> Peace Time <input type="checkbox"/> Vietnam <input type="checkbox"/> Iraq <input type="checkbox"/> Grenada <input type="checkbox"/> Korea <input type="checkbox"/> Lebanon
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Applicant & School Information

Full Name:

In 2024 I will be a (select one):

2024 High School Graduate, I will graduate from (Name of school):

OR

An Adult Learner (previously graduated High School)

In the Fall of 2024, I will be attending (Name of College/University/Vocational Program):

My Major/Area of concentration is/will be:

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

I will be graduating with a(n)

Associates Degree

Bachelors Degree

Masters/Post Graduate 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 from a different reference.

Community Involvement

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

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