



Adams County Arts Council
SENIOR SCHOLARSHIP APPLICATION FORM
For Use Starting June 1, 2018
PAGE 1

To apply for the scholarship, please complete and return BOTH pages of this form along with a copy of any documentation requested to: Adams County Arts Council, 125 South Washington Street, Gettysburg, PA 17325.

Please complete the following:

Name of Applicant: _____ Telephone#: _____

Address: _____

E-Mail: _____

If you were referred to the Seasoned Citizens Cooking Program, please list who you were referred by:

To be eligible for this scholarship, you must currently reside in Adams County, PA.

I currently reside in Adams County ___ YES ___ NO Township/Borough: _____

To be eligible for this scholarship, you must be age 62 or older.

I am currently 62 or older ___ YES ___ NO My birthday is (Month/Day/Year): _____

***Please attach proof of age and residency (a copy of a driver's license, passport, or state*
photo ID card, or a copy of two documents such as a utility bill (residency) plus a
*Medicare card (age).***

I understand the age limitations and hereby certify that my age makes me eligible for this scholarship. I also certify that, as of today, I live in Adams County, Pennsylvania. This certification form is being completed in connection with the receipt of federal assistance. I understand that the ACAC office may verify this information. I further understand that if I purposely give false information, I may lose benefits and may be prosecuted.

Signature: _____ Date: _____

PLEASE ALSO COMPLETE & SUBMIT PAGE 2

For office use only:

Date received: _____ Reviewed: _____

Decision: ___ Accepted ___ Not Accepted

If not accepted, state reason: _____ Applicant Notified: Date _____ Via Email ___ Phone ___ Letter ___

**Adams County Arts Council
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Demographic Information

Your Name: _____

Please complete the following information and return Page 2 of this form with your scholarship application.

Any responses that you provide on Page 2 of this form (below) DO NOT affect your eligibility for this scholarship program. They are being collected for informational purposes only.

1. Is the head of your household female? ___ YES ___ NO
2. Please circle the following that apply to you:

YOUR RACE (PLEASE CHOOSE ALL THAT APPLY):				
American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White

3. Please circle your ethnicity:

YOUR ETHNICITY (PLEASE CHOOSE ONE):	
Hispanic	Non-Hispanic

4. Please circle your disability status:

PLEASE CHOOSE ONE:	
I am disabled.	I am NOT disabled.

5. Please circle the number of related individuals living in your home and your family income:

THEN CIRCLE ONLY ONE OF THE FOLLOWING:				
CIRCLE ONE:	Extremely Low Income	Very Low Income	Low Income	Non Low Income
1	\$15750 or less	\$15751-\$26250	\$26251-\$41950	over \$41950
2	\$18000 or less	\$18001-\$30000	\$30001-\$47950	over \$47950
3	\$20250 or less	\$20251-\$33750	\$33751-\$53950	over \$53950
4	\$22450 or less	\$22451-\$37450	\$37451-\$59900	over \$59900
5	\$24250 or less	\$24251-\$40450	\$40451-\$64700	over \$64700
6	\$26050 or less	\$26051-\$43450	\$43451-\$69500	over \$69500
7	\$27850 or less	\$27851-\$46450	\$46451-\$74300	over \$74300
8	\$29650 or less	\$29651-\$49450	\$49451-\$79100	over \$79100

If your family size is greater than 8, please contact our office for the applicable demographic information form.

I certify that all information on Page 2 of this application is true.

Signature: _____ Date: _____

PLEASE RETURN **BOTH PAGES** OF THIS FORM BY MAIL TO ADAMS COUNTY ARTS COUNCIL, 125 S WASHINGTON STREET, GETTYSBURG, PA 17325.