

Adams County Arts Council
SCHOLARSHIP APPLICATION FORM FOR SEASONED CITIZENS PROGRAM
For Use Starting June 28, 2019
PAGE 1

The Adams County Arts Council has a limited number of scholarships available for adults age 62 or older to attend Seasoned Citizens Cooking classes at the Arts Education Center, 125 South Washington Street, Gettysburg, PA 17325. This Program is funded in part by the U.S. Department of Housing and Urban Development (HUD) and the PA Department of Community & Economic Development. The following information is needed because this program is government-funded and they require that we verify the age of scholarship recipients.

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, Attn: Dana, 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

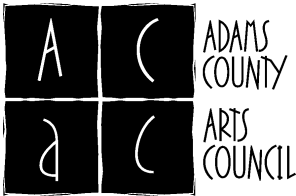
For office use only:

Date received: _____ Reviewed: _____

Decision: ___ Accepted ___ Not Accepted

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





Adams County Arts Council
SCHOLARSHIP APPLICATION FORM FOR SEASONED CITIZENS PROGRAM
 For Use Starting June 28, 2019
PAGE 2

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 <u>ONLY ONE</u> OF THE FOLLOWING:				
CIRCLE ONE: Number in Family	Extremely Low Income	Very Low Income	Low Income	Non Low Income
1	\$16700 or less	\$16701-\$27800	\$27801-\$44450	over \$44450
2	\$19050 or less	\$19051-\$31800	\$31801-\$50800	over \$50800
3	\$21450 or less	\$21451-\$35750	\$35751-\$57150	over \$57150
4	\$23800 or less	\$23801-\$39700	\$39701-\$63500	over \$63500
5	\$25750 or less	\$25751-\$42900	\$42901-\$68600	over \$68600
6	\$27650 or less	\$27651-\$46100	\$46101-\$73700	over \$73700
7	\$29550 or less	\$29551-\$49250	\$49251-\$78750	over \$78750
8	\$31450 or less	\$31451-\$52450	\$52451-\$83850	over \$83850

If your family size is greater than 8, please contact our office for the applicable eligibility certification 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,
 ATTN: DANA, 125 S WASHINGTON STREET, GETTYSBURG, PA 17325.

