

Adams County Arts Council
SCHOLARSHIP APPLICATION FORM FOR EAT SMART PLAY HARD
 For Use Starting June 28, 2019
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The Adams County Arts Council has a limited number of scholarships available for children to attend Eat Smart Play Hard 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 income 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, 125 South Washington Street, Gettysburg, PA 17325.

Please complete the following:

Your Name: _____ Telephone#: _____

Address: _____ E-Mail: _____

List Full Name(s) of Child(ren) to receive scholarship: _____

If you were referred to the Eat Smart/Play Hard Program, please list who you were referred by:

To be eligible for this scholarship, your child(ren) must currently reside in Adams County, PA.

My child(ren) currently reside in Adams County YES NO Township/Borough: _____

To be eligible for this scholarship, your family must be at, or below, the low income level indicated below.

Please circle the number of related individuals living in your home and your family income (as of today's date). Reportable income includes wages, salaries, pensions, child support, rental income, and investment income. Please note: Move straight across the chart after circling number in family. **Family vs Household: Household means all persons who occupy a housing unit, which may consist of persons living together or any other group of related or unrelated persons who share living arrangements. There may be multiple families (groups of related persons) in a household.**

THEN CIRCLE ONLY ONE OF THE FOLLOWING:

CIRCLE ONE:	Extremely Low	Very Low	Low	Non Low
Number in Family	Income	Income	Income	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.

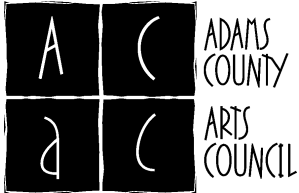
I understand the family income limitations and hereby certify that my family size and income make my child(ren) eligible for this scholarship. I also certify that, as of today, my child(ren) live(s) in Adams County, Pennsylvania. This certification form is being completed in connection with the receipt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

Your Signature: _____ Date: _____ **PLEASE ALSO COMPLETE & SUBMIT PAGE 2**

Signature of Agency Representative: _____ Date: _____

For office use only:
 Date received: _____ Reviewed: _____ Decision: Accepted Not Accepted
 If not accepted, state reason: _____ Applicant Notified: Date _____ Via Email Phone Letter





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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 child(ren)'s eligibility for this scholarship program. They are being collected for informational purposes only.

1. Is the head of your household female? ___ YES ___ NO
2. How many children are you requesting this scholarship for? _____
3. For each of the children you are applying for, please circle the following that apply:

	RACE (please choose all that apply)					ETHNICITY (choose one)		Please choose one.	
Child 1	American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Hispanic	Non-Hispanic	Disabled	Not Disabled
Child 2	American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Hispanic	Non-Hispanic	Disabled	Not Disabled
Child 3	American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Hispanic	Non-Hispanic	Disabled	Not Disabled
Child 4	American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Hispanic	Non-Hispanic	Disabled	Not Disabled
Child 5	American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Hispanic	Non-Hispanic	Disabled	Not Disabled
Child 6	American Indian or American Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Hispanic	Non-Hispanic	Disabled	Not Disabled

Please attach additional sheets if you are applying on behalf of more than 6 children.

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.

