



**Adams County Arts Council**  
**SCHOLARSHIP APPLICATION FORM**  
 For use starting June 28, 2019  
**PAGE 1**

The Adams County Arts Council has limited scholarships available for children to attend 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 and income verification are required due to our government funding for scholarships.

Please complete and return BOTH pages of this form to: Adams County Arts Council, 125 South Washington Street, Gettysburg, PA 17325 or [aa@adamsarts.org](mailto:aa@adamsarts.org).

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 ACAC Scholarship 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.**

\_\_\_\_ Check here if one or more of the parents/guardians have lost employment due to COVID-19.

**THEN CIRCLE ONLY ONE OF THE FOLLOWING:**

| <b>CIRCLE ONE:</b><br>Number in Family | <b>Extremely Low<br/>Income</b> | <b>Very Low<br/>Income</b> | <b>Low<br/>Income</b> | <b>Non Low<br/>Income</b> |
|--|---------------------------------|----------------------------|-----------------------|---------------------------|
| 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 or to [aa@adamsarts.org](mailto:aa@adamsarts.org).

