



**Adams County Arts Council**  
**SCHOLARSHIP APPLICATION FORM FOR SEASONED CITIZENS PROGRAM**  
 For Use Starting July 1, 2020  
**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, 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 \_\_\_





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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:

CIRCLE ONE:	THEN CIRCLE <u>ONLY ONE</u> OF THE FOLLOWING:			
Number in Family	Extremely Low Income	Very Low Income	Low Income	Non Low Income
1	\$18000 or less	\$18001-\$30000	\$30001-\$47950	over \$47950
2	\$20600 or less	\$20601-\$34300	\$34301-\$54800	over \$54800
3	\$23150 or less	\$23151-\$38600	\$38601-\$61650	over \$61650
4	\$25700 or less	\$25701-\$42850	\$42851-\$68500	over \$68500
5	\$27800 or less	\$27801-\$46300	\$46301-\$74000	over \$74000
6	\$29850 or less	\$29851-\$49750	\$49751-\$79500	over \$79500
7	\$31900 or less	\$31901-\$53150	\$53151-\$84950	over \$84950
8	\$33950 or less	\$33951-\$56600	\$56601-\$90450	over \$90450

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,  
 125 S WASHINGTON STREET, GETTYSBURG, PA 17325.

