



**Adams County Arts Council**  
**SCHOLARSHIP APPLICATION FORM FOR SENIORS PROGRAMS**  
 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 classes at the Arts Education Center, 125 South Washington Street, Gettysburg, PA 17325. Programs are 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 \_\_\_





SCHOLARSHIP APPLICATION FORM FOR SEASONED CITIZENS PROGRAM

PAGE 2

For Use Starting July 1, 2020

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:

Table with 5 columns: American Indian or American Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White. Header: YOUR RACE (PLEASE CHOOSE ALL THAT APPLY):

3. Please circle your ethnicity:

Table with 2 columns: Hispanic, Non-Hispanic. Header: YOUR ETHNICITY (PLEASE CHOOSE ONE):

4. Please circle your disability status:

Table with 2 columns: I am disabled., I am NOT disabled. Header: PLEASE CHOOSE ONE:

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

Table with 5 columns: Number in Family, Extremely Low Income, Very Low Income, Low Income, Non Low Income. Header: THEN CIRCLE ONLY ONE OF THE FOLLOWING: CIRCLE ONE:

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.

