



Adams County Arts Council
SCHOLARSHIP APPLICATION FORM FOR YOUTH PROGRAMS
 For Use Starting January 1, 2021

The Adams County Arts Council has a limited number of scholarships available for children under the age of 18 to attend classes and camps. Youth 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 to verify the family income level of scholarship recipients.

To apply for financial assistance or a scholarship to participate in Adams County Arts Council Youth Programs, please complete and return BOTH pages of this form along with a copy of any requested documentation to:

Adams County Arts Council, 125 South Washington Street, Gettysburg, PA 17325.

Please complete the following:

Parent/Guardian Name: _____ Telephone#: _____

Address: _____ E-Mail: _____

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

If you were referred to the Adams County Arts Council, please list who referred you:

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 a scholarship, your family must be at or below the low income level indicated below.

Please indicate 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.

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 select **ONLY ONE** of the following in the same row as the number in your family:

Select ONE: 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

9+ If your family size is greater than 8, please contact our office for the applicable eligibility certification form.

I understand that family income limitations, my family size, and my family's income level may determine my child(ren)'s eligibility for a scholarship. I certify, as of today, that 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

Parent/Guardian 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. These responses are 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 indicate the following that apply:

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

ADAMS COUNTY ARTS COUNCIL, 125 S WASHINGTON STREET, GETTYSBURG, PA 17325

or save this document and **email it as an attachment.**

