SCHOLARSHIP CHECKLIST All Information is Confidential

******In order to be considered for any scholarships, this form must be completed.*****

Please check any items that describe your family or your child. 1. Family qualifies for free or reduced lunch, WIC, Medicaid or TANF. Medicaid Number: 2. Mild developmental delays or significant health problems such as asthma or chronic ear infections. 3. One or both of the parents was a teen and unmarried when the child was born. 4. The family has had frequent moves to new residences. 5. The student has siblings in Title One Reading Program or Special Education in school. 6. A parent without a high school diploma. 7. Family is involved in a difficult situation such as single parent family, custody dispute, unemployment, or an abusive adult.					
			8. Child is in need of language development, including but not limited to the ability to speak English.		
		9. Drug or alcohol issues in the home. 10. Family is currently homeless. 11. Child has Poor social skills, which may or may not be caused by geographic isolation. 12. Child or family has received services from the Department of Human Services.			
					2 Department of Haman Services.
				Has your child experienced any stressful events in the last 3 years of which you would like us to be aware? (For example, has a family member been deployed, incarcerated, divorced/separated, passed away, had a change in guardian, or other major life event?)	

			monthly income range for your household.		
Inis information is confidential and will be used	d only for grant purposes. It is critical for our funding.				
<u>Annually</u>	<u>Monthly</u>				
Less than 22,459	Less than 1872				
22,459 - 30,451	1,873 - 2,538				
30,452 – 38,443	2,539 – 3,204				
37,778 - 45,510	3,150 - 3,793				
45,511 - 53,243	3,794 – 4,437				
53,244 - 60,976	4,438 – 5,082				
60,977 - 68,709	5,083 – 5,726				
68,710 - 74,999	5,727 – 6,249				
75,000 and up	6,250 and up				
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Please circle number of family and friends you have living in your household: