



Manatee County Girls Club, Inc.

AFTER SCHOOL SCHOLARSHIP PROGRAM APPLICATION

In order to determine the eligibility of _____ Unit # _____ for scholarship assistance, please complete the following information. Applications will be processed only after ALL information is submitted and the application is filled out COMPLETELY. Please allow ten (10) business days to process your application. After this period, you may call Just for Girls to see if you have been approved or if additional information is required.

For which branch are you applying? Check one: W. Bradenton [] E. Bradenton [] Palmetto []

Child's (Member) Name _____ Birth date ____/____/____ Age _____

Child's School _____ Grade _____

Physical Street Address _____, Florida _____ (941) _____
City _____ Zip Code _____ Home Phone Number _____

Father/Male Guardian Name _____ Mother/Female Guardian Name _____
Physical Street Address _____, FL _____ Physical Street Address _____, FL _____
City _____ Zip Code _____ City _____ Zip Code _____

Child lives with (check all that applies):

Mother [] Father [] Step-mother/father [] Legal Guardian [] Foster Parent []
Other [] _____ Is there a child custody court order? Yes [] No []
Relationship _____

How many adults live in your household? _____ How many children? _____
Do you share expenses with anyone else in your household? Yes [] No [] _____

*****STEP ONE*****

Is your child receiving free or reduced lunch? Yes [] No []
If yes, you may sign this page below and skip to Step Three (Page 4) of Application and sign the Parent Acknowledgment area. However, you must provide Just for Girls with an official proof of eligibility from the School Board to be considered for a scholarship. If no, complete all steps and pages of application.
NOTE: Scholarship funds are limited and will be awarded on a first come, first served basis.

I attest that the information provided is true to the best of my knowledge and that if I give false information, I may be subject to prosecution for fraud. I will notify Just for Girls within ten (10) days if any of the information provided changes.

Signature of Parent/Legal Guardian _____ Date Signed _____

* * * * * **STEP TWO** * * * * *

Part 1. Girls in household needing financial assistance for membership fees

Girl's Name (First, Middle Initial, Last)	Date of Birth	JFG Member # (once issued)	How many biological parents in household?

Part 2. Foster Child needing financial assistance for membership

Check here if application is for foster child. Amount of child's personal use monthly income: \$ _____.
(If no income, record "0".) Caseworker's Name _____ You may skip to Part 4 - below.

Part 3. Total Household Gross Income - You must report how much and how often

1. Name List everyone in household and the income each earns or check the box at the right if they have no income	2. Gross income and how often it is received								3. Check if NO income
	Earnings from work before deductions		Public Assistance, child support, alimony		Pensions, retirement, Social Security		All other Income and Self-employment		
	Income	How often	Income	How often	Income	How often	Income	How often	

Part 4. Signature of Head of Household

The head of household must sign the application. The verification of all income listed in Parts 1-3 must be attached to the completed application. See attached sheet for required documentation. *I certify that all information on this application is true and that all income is reported. I understand that if I provide false information, my child(ren) may lose scholarship benefits and I may be prosecuted.*

Signature: _____ Printed Name: _____

AFTER SCHOOL SCHOLARSHIP PROGRAM POLICIES AND PROCEDURES

FULL/HALF SCHOLARSHIPS:

Girls may be eligible to receive a full scholarship through County funding, on a first come first served basis, if they qualify for free and/or reduced lunch as approved by the School Board of Manatee County. Proof of eligibility must be provided by the parent or guardian to be approved, and must be from the current school year. Temporary approvals issued by the School Board are acceptable; however, once temporary approval expires the parent must provide new proof of eligibility to continue receiving scholarship funds. If you need a copy of your eligibility letter, contact Elzy Garcia at the Professional Support Center, located at 2501 – 63rd Avenue East, Bradenton, FL 34203, School District Food Service office at 751-6550, ext. 2131. In the event your child does not attend a local school where lunches are served, eligibility will be determined by *Just for Girls* staff using the free and reduced lunch scale for the current school year.

HALF SCHOLARSHIPS – INCOME ELIGIBILITY REQUIREMENT:

Girls may be eligible to receive half scholarships through County funding, on a first come first served basis, if gross annual household income is verified at or below 250% above poverty level as published annually in the *Federal Register*. If approved, parent/ legal guardian will be responsible to pay half of the *Just for Girls* monthly activity fee to attend after school programs and to receive scholarship benefits.

Attendance Requirements:

***** All scholarship funds are limited; therefore, if a scholarship is awarded to a child and she does not attend program activities during a thirty (30) day period, the scholarship will then be awarded to another child. *****

Household Definition and Income Requirements:

All members of the household and their individual income(s) must be provided on the eligibility form. Household members are defined as every individual living in the house with the child applying for scholarship funds regardless of relationship with the child. However, in the event the child has no biological/legal parent living in the household (i.e., foster child, or a child in kinship care) the only income to be considered will be that of the child applying for the scholarship (i.e., child support, SSI, Social Security survivor benefits, etc.). A foster child is defined as a child placed in a licensed foster home. Kinship care is defined as a child who has been placed in the care of a blood relative by Child Protective Services or voluntarily by a biological parent. (Foster care and kinship care status must be verified.)

Proof of household income documentation required:

GROSS EARNED INCOME (earnings from work BEFORE deductions). Must have at least one (1) of the following for each employed adult living in the household:

1. Pay stubs for the most recent six (6) week period; or
2. IRS Form 1040 for the most recent Income Tax filing year with all W-2 forms attached; or
3. Completed Verification of Employment form signed by the employer.

SELF-EMPLOYMENT INCOME (earnings from your own business). Must have the following, if applicable, for each self-employed adult in the household:

1. IRS Form 1040 for the most recent Income Tax filing year with all attachments.

UNEMPLOYED (i.e., not working full or part time and not eligible for Unemployment Compensation). Must have the following, if applicable, for each unemployed adult in the household:

1. Completed Loss of Income form signed by the former employer.

TEMPORARY INCOME (i.e. temporary disability, Unemployment Compensation, etc.). Must have the following, if applicable, for each adult living in the household receiving temporary income:

1. Temporary disability - award letter
2. Unemployment Compensation - award letter OR copy of last three (3) check stubs

FINANCIAL BENEFITS (i.e. public assistance (TANF), pensions, retirement, Social Security, SSI, student loans, Subsidized Housing, Medicaid, Housing Authority, etc.). Must have the following, if applicable, for each adult and/or child living in the household:

1. Public Assistance (TANF) - award letter from the Department of Children & Families
2. Retirement - annual award letter OR copy of two consecutive checks
3. Social Security (pension, disability, survivor benefits, or SSI) - annual award letter
4. Student loans - award letter from school
5. Form (on page 7) completed, with agency stamp, and signed by agency official.

CHILD SUPPORT/ALIMONY. If child support and/or alimony court order is in place, **MUST** have one of the following regardless whether or not the non-custodial parent is making payments:

1. Printout from the local Clerk of Courts Child Support Depository; or
2. Quarterly report from the Department of Revenue for the past quarter.

* * * * * **STEP THREE** * * * * *

PARENT ACKNOWLEDGMENT AND RELEASE OF INFORMATION:

I hereby attest that I have read and understand the Just for Girls Scholarship Policies and Procedures and have provided all necessary documentation for the scholarship(s) requested.

Because the services provided by *Just for Girls* are funded in part by Manatee County, I understand that *Just for Girls* may be required to provide the information included in this application to the Manatee County Government strictly for purposes of monitoring and evaluating services.

Signature of Parent/Legal Guardian

Date Signed

<i>Just for Girls</i> - OFFICIAL USE ONLY	
Application reviewed by: _____	Date: _____
All required documentation submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Free/Reduced Lunch Verified? Yes <input type="checkbox"/> No <input type="checkbox"/>
Household Size [_____]	Total Annual Income [\$ _____]
Scholarship approved by: _____	Date: _____
Check One: Full Scholarship <input type="checkbox"/> Half Scholarship <input type="checkbox"/>	Parent monthly financial responsibility: \$ _____
Scholarship expires: _____	Date: _____
Scholarship denied by: _____	Date: _____
Reason denied: (check one) Income too high <input type="checkbox"/> No income verification <input type="checkbox"/> Missing documents <input type="checkbox"/>	
Other <input type="checkbox"/> Explain: _____	

**VERIFICATION OF EMPLOYMENT/
LOSS OF INCOME**

Employee Name _____ SS# _____ / ____ / _____

Verification of Current Employment: <u>This form MUST be completed and signed by your employer if last six (6) weeks' pay stubs are not provided.</u> One form per employed adult household member.			
Name of Employer			
Employer Address			
Employer Phone			
Date Current Employment Began			
Is Employment Seasonal? <i>Yes / No</i>	If Yes, Date Season Begins []	Date Ends []	
Number of Hours Worked Per Week		Number of Work Weeks Per Year	
How Often is Employee Paid?	Daily [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly []		
Hourly Rate of Pay [\$]			

Verification of Loss of Income: (Unemployed and receiving no income). <u>This form MUST be completed and signed by your former employer.</u> One form required per unemployed adult household member. *	
Is job loss: permanent [] temporary []	If temporary, expected date of return []
Name of Employer	
Employer Address	
Employer Phone	
Date Employment Ended	
Length of Time Employed	
<i>* If you are collecting Unemployment, Workman's Compensation, Retirement, or some form of Social Security, provide your award letter or copies of the last three (3) check stubs in place of this form.</i>	

Employer's Signature	
I attest that the information provided is true to the best of my knowledge and that if I give false information on purpose, I may be subject to prosecution for fraud.	
Signature and Title:	Date:

**VERIFICATION OF EMPLOYMENT/
LOSS OF INCOME**

Employee Name _____ SS# _____ / _____ / _____

Verification of Current Employment: <i>This form MUST be completed and signed by your employer if last six (6) weeks' pay stubs are not provided. One form per employed adult household member.</i>		
Name of Employer		
Employer Address		
Employer Phone		
Date Current Employment Began		
Is Employment Seasonal? Yes / No	If Yes, Date Season Begins []	Date Ends []
Number of Hours Worked Per Week	Number of Work Weeks Per Year	
How Often is Employee Paid?	Daily [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly []	
Hourly Rate of Pay [\$]		

Verification of Loss of Income: (Unemployed and receiving no income). <i>This form MUST be completed and signed by your former employer. One form required per unemployed adult household member. *</i>	
Is job loss: permanent [] temporary []	If temporary, expected date of return []
Name of Employer	
Employer Address	
Employer Phone	
Date Employment Ended	
Length of Time Employed	
<i>* If you are collecting Unemployment, Workman's Compensation, Retirement, or some form of Social Security, provide your award letter or copies of the last three (3) check stubs in place of this form.</i>	

Employer's Signature	
I attest that the information provided is true to the best of my knowledge and that if I give false information on purpose, I may be subject to prosecution for fraud.	
Signature and Title:	Date:

Verification of Recipient Of Public Assistance

To Be Completed By: Department of Children & Families Official Only.

Proper verification signed by your Case Worker must be provided to be considered for full or partial scholarship assistance at <i>Just for Girls</i> .	
Name of Recipient	
Current Street Address of Recipient	
City, State, and Zip Code	
Phone Number	
Recipient Currently Participating in the Following Program(s)	
Effective Dates of Eligibility	

I certify that I have reviewed the records on file for the above named individual and that those records indicate that she or he is in fact participating in the above named government subsidized program(s).

		Agency Stamp
Department of Children & Families Official and Title	Date	

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To Be Completed By Housing Authority Official Only.

Proper verification signed by your Housing Authority Official must be provided to be considered for full or partial scholarship assistance at <i>Just for Girls</i> .	
Name of Recipient	
Current Street Address of Recipient	
City, State, and Zip Code	
Phone Number	
Recipient Currently Participating in the Following Program(s)	
Effective Dates of Eligibility	

I certify that I have reviewed the records on file for the above named individual and that those records indicate that she or he is in fact participating in the above named government subsidized program(s).

		Agency Stamp
Housing Authority Official and Title	Date	

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Documentation Checklist

***** (For Office Use Only) *****

Full/Half Scholarship:

- Received completed and signed application (pages 1 and 4)
- Received official proof of eligibility for Free/Reduced Lunch for current school year
- Received official proof of temporary eligibility for Free/Reduced Lunch
Expires: _____
- If foster child (no proof of income needed) – Caseworker name _____
Call Kevin McKenney at the Safe Children Coalition for foster child verification at
721-7670, ext. 103.
- Received completed and signed application, accompanied with acceptable documentation, which is the following: _____

Full/Half Scholarship as Determined By Income:

- Received completed and signed application (all pages)
Notes: _____
- Received proof of all types of income for the adults in the household: Check all received
 - Mother/female legal guardian
 - Father/male legal guardian
 - Step-parent (or significant other)
 - Other adult (i.e., sibling, grandparent(s), etc) _____
 - Other adult (i.e., sibling, grandparent(s), etc) _____
 - Other adult (i.e., sibling, grandparent(s), etc) _____

Note: Proof of income or loss of income must be received for ALL adults in the household.

Notes: _____

- Received proof of income for all children in the household. If child has income and it has been verified, check Yes, or No if not verified. If child has no income, check N/A.

Yes No N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|----------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child #1 Name: _____ | Member # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child #2 Name: _____ | Member # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child #3 Name: _____ | Member # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child #4 Name: _____ | Member # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child #5 Name: _____ | Member # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child #6 Name: _____ | Member # _____ |

Note: This will include child support, SSI, Social Security survivor benefits, etc. Make a note here if child support is paid intermittently and as a result has not been included in annual income computation.

Notes: _____

- All sibling member numbers are listed on the top of each approved application.

Annual Household Income Worksheet (As Needed)

***** (For Office Use Only) *****

Income Type		# Adults	# Children	Amount
Earned Income	Earnings from work BEFORE deductions			
Self-Employment Income	Earnings from own business			
Temporary Income	Temp disability, Unemployment Compensation, etc			
Financial Benefits	Public Assistance (TANF), Retirement, Social Security, Student Loans, etc.			
Child Support/Alimony	Annual amount of child support and/or alimony			
Other Income	Rent, stocks, bonds, etc.			
TOTALS				