

CITY OF MIDDLETOWN

Department of Planning, Conservation & Development



Community Development Division

Youth Program Scholarship Application Form

Applicant Information

Childs Name _____ Age _____ Male___ Female___

Race: White___ Black___ Asian___ Native American ___ Other _____

Other Demographic Information: Hispanic_____

Childs Name _____ Age _____ Male___ Female___

Race: White___ Black___ Asian___ Native American ___ Other _____

Other Demographic Information: Hispanic_____

Childs Name _____ Age _____ Male___ Female___

Race: White___ Black___ Asian___ Native American ___ Other _____

Other Demographic Information: Hispanic_____

Parent(s) Name(s) _____

Address _____

Program Information

Fall 20___ Name of Program _____

Spring 20___

Summer 20___ Tuition Amount _____

Please attach a copy of promotional materials that describe the program, time, location and tuition rates.

Household Eligibility

Circle appropriate household size and income under the appropriate household size:

Household Size 1 2 3 4 5 6 7 8

Household Income \$ _____

I, _____, certify that my income is the above indicated amount.

Signature

Date

Complete one of the following:

- Free or Reduced School Lunch
- Temporary Family Assistance
- SNAP (Food Stamp Program)
- Section 8 Housing Voucher
- Complete page 2 of this application

Community Development Block Grant Income Documentation Form

Household Information

Name: _____ Number of Household Members _____
 Address: _____ Number 18 and over _____
 _____ Number Employed _____
 _____ Head of Household Ethnicity _____
 Contact Phone: _____ Contact Email: _____

Household Income

Household Member	Annual Wages/Salaries	Annual Benefits/Pensions	Annual Public Assistance	Other
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

Total Household Income \$ _____

Household Assets

Assets that may apply to annual income include: Checking Accounts, Savings Accounts, Investments, Rental Properties and personal property held as an investment. Primary residence and personal vehicle are not included as assets.

Household Member	Asset Description	Actual Cash Value	Annual Income from Asset
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Totals		\$ _____ *	+ \$ _____

Total Household Income from Assets \$ _____

*Less than \$5,000 enter \$0; If total actual cash value of households assets exceeds \$5,000 multiply by 2% to estimate amount considered income.

Household Certification

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS Income listed above includes the income (including from assets) of all adults within the household. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal funds. Penalties for falsifying information may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

 Print Head of Household Name Head of Household Signature Date