

# Scholarship Certification Form

Participant under the age of 18 must have parents/guardian complete the form.

Participant Name:	[ ] Male [ ] Female
Address	
Number of Person(s) in the Household: [ ]	Number of Children under the Age of 18: [ ]
Female Headed Household Yes ____ No ____	
Number of Persons 62 years of Age or Older: [ ]	Household with Disabled Person: [ ]
Student Status:	
Name _____	F/T__ or P/T__ Age:
Name _____	F/T__ or P/T__ Age:

**Please Provide Household Race/Ethnicity (Check one per household).**

- |  |   |
|--|---|
| <input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Asian White<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Hispanic, White<br><input type="checkbox"/> Hispanic, Black<br><input type="checkbox"/> American Indian/Alaskan Native & Black/African American<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
|--|---|

**Household Income**

Please indicate the income level that does not exceed the total adjusted gross income (AGI) for the household. A household income includes income from person(s) over the age of 18 living in the home for more that 6 months. The program manager may request additional income documentation, if necessary.

Total Household Income (Check one box)	Household Income Level (AGI)
	\$50,350
	\$57,550
	\$64,750
	\$71,900
	\$77,700
	\$83,450
	\$89,200
	\$94,950

**CERTIFICATION:**

I/We hereby certify that the information on this form is complete and correct to the best of my knowledge.

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is required to receive Federal funds to assist this organization to continue to offer this program or activity. The information on this form is confidential and will not be shared with an agency other than the Grantor, the Department of Community Development, which regulates use of Community Development Block Grant funds for the City of Milford. This information is used to determine program eligibility and the statistical information of the participant to ensure that CDBG funds assist low and moderate-income individuals and families.