

**BRICKIE KIDZ SCHOLARSHIP – Instructions for Applying**

**Households getting TANF or Food Stamps:**

1. In Part I, list each enrolled child, include the TANF or Food Stamp case number for any child, and the name of the school. EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.
2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.
3. In Part 3, check the appropriate box, if any.
4. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.

**Migrant, Homeless, or Runaway:**

1. In Part 1, list each enrolled child which are homeless, migrant, or runaway and d the name of the school.
2. In Part 3, check the appropriate box and contact the school’s homeless liaison or migrant coordinator.
3. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.

**All Other Household Types:** Including WIC households

1. In Part 1, list each enrolled child.
2. In Part 2, check the appropriate box, if any. Skip Part 3.
3. In Part 4, list everyone related or unrelated living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if needed.
  - a. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Do not include income from SNAP, FDIR, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings From Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If you have no income, put a checkmark (✓) in the box.

**INCOME TO REPORT:**

- |   |  |
|---|--|
| Earnings from Work Before Deductions        | Social Security  |
| Wages/salaries/tips                         | Veteran payments   |
| Strike benefits                             | Supplemental Social Security Income                            |
| Unemployment compensation                   | All Other Income   |
| Workman’s compensation                      | Earnings from second job                                       |
| Net income from self-owned business or farm | Disability benefits  |
| Welfare/Child Support/Alimony               | Interest/Dividends   |
| Public assistance payments                  | Cash withdrawn from savings                                    |
| Welfare payments                            | Income from Estates/Trusts/Investments                         |
| Alimony payments                            | Regular contributions from persons not living in the household |
| Child support payments                      | Royalties/Annuities/Rental income                              |
| Pensions/Retirement/Social Security         |  |
| Pensions                                    |  |
| Retirement income                           |  |

An adult must sign the application and list the last four digits his/her Social Security number, or put a checkmark (✓) in the box if you have no social security number.

Your child/ren may qualify for scholarship if your household income falls within the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	25,142	2096	484
2	33,874	2,823	652
3	42,606	3,551	820
4	51,338	4,279	988
5	60,070	5,006	1,156
6	68,802	5,734	1,324
7	77,534	6,462	1,492
8	86,266	7,189	1,659
Each additional person:	+8,732	+728	+168



**FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

**INCOME CONVERSION TO YEARLY:**

**WEEKLY INCOME X 52**

**EVERY 2 WEEKS X 26**

**TWICE A MONTH X 24**

**MONTHLY INCOME X 12**

**ELIGIBILITY DETERMINATION**

Income Eligibility: Total Household Size: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per:  Weekly  Every 2 Weeks  Monthly  
 Twice a Month  Yearly

OR Categorical Eligibility:  Food Stamps  TANF  Migrant  Homeless  Runaway

Eligibility Determination:  Approved for Scholarship  Denied

Reason for Denial:  Income too high  Incomplete Application  Other \_\_\_\_\_

Signature of Determining Official: \_\_\_\_\_ Date \_\_\_\_\_

Verification of income \_\_\_\_\_ 2022 W2  
\_\_\_\_\_ Last 2 paycheck stubs