

2025 H4K SCHOLARSHIP APPLICATION

APPLICANT INFO: Full Name: Mailing Address:			I AM APPLYING FOR:							
			O Car	mp OFull Scholarship						
		-	O Lea	gue OPartial Scholarship						
		-	○ Training							
		.	O0th	ner						
City State Zip Home Phone ()			I Can Afford \$ Adults In Household: Dependent Children In Household:							
Cell Phone ()Email			CURRENT ASSISTANCE STATUS ○ First Time Applicant ○ Renewal / Return Application							
<u>a scholarship appli</u>	CATION & THE FOLLOWING DOCUM	ENTS ARE F	REQUIRED	WHEN APPLYING FOR AID						
A. Working Currently Or Self Employed:	B. Receiving Other Assi	istance:		C. Letter Of Special Circumstances:						
O Most Recent Tax Return*	O If Applicable, Documenta	tion Of SSI	, SSD,	O We Understand That Numbers Don't						
	Food Stamps (FS) / Notice Of Action, AFDC,		AFDC,	Show Everything. If There Are Any						
&	Unemployment, Child Support (CS), Etc.		Etc.	Special Circumstances Please Includ						
0 20 0 0 (0() 5	M III COLICOD	•		A Written Explanation So That						
O 30 Day Proof Of Income For Entire Household	Monthly SSI / SSD	\$		Consideration May Be Given.						
	Monthly Unemployment	\$		Special / Unusual Circumstances:						
\$										
30 Day Gross Income	Monthly FS / CS	\$		\$						
*Visit <u>irs.gov</u> & Search "Get Transcript"	Total Monthly Assistance	\$		\$						
D. THIS APPLICATION MUST BE RENEWED EV	ERY 12 MONTHS UNLESS OTHERW	ISE SPECIF	IED	not have additional income or financial assista						
recruity that the above information is true t	-	-		t the above statements. I understand that						

DATE RECEIVED

% GIVEN

RE-APPLY DATE

INCOME VERIFICATION