

2019-2020

Destin F.C. Scholarship Application

PART 1. ALL HOUSEHOLD MEMBERS **** RETURN THIS APPLICATION TO DESTIN F.C.****

Names of <u>all</u> household members (First, Middle Initial, Last)	Address, City, State Zip (mark "same" if member resides in same address)	<i>Place a check in the box if NO income</i>

PART 2. BENEFITS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP], [FDPIR] OR [State TANF Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.**

NAME: _____ PROGRAM NAME _____ CASE NUMBER: (NOT EBT CARD NUMBER) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. **RECORD EACH INCOME ONLY ONCE.**

1. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>				\$150		<input checked="" type="checkbox"/>			\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that Destin F.C. is under no obligation to provide scholarships for athletes but does so in its discretion as funds are available. I understand that Destin F.C. may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose their scholarship.

Signature: _____ Printed name: _____ Date: _____

Address: _____ Phone Number: _____

Email: _____ City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: *** - * * - ____ I do not have a Social Security Number

The information contained within this application will be kept strictly confidential and for Destin F.C. use only.

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

Part 1: List all household members. For any person, including children, with no income, you must check the “No Income” box.

Part 2: Self explanatory

Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members with income.
- **Section 2 –**
 - **Gross Income and How Often It Was Received:** For each household member listed in section 1, 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.
 - **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.
 - **Income received from welfare, child support, and alimony:** List the amount each person received.
 - **Income received from retirement benefits, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits:** List the amount each person received.
 - **All Other Income:** List Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include benefits from WIC, Federal education 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.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2019-2020			
Household size	Yearly	Monthly	Weekly
1	23,107	1,926	444
2	31,284	2,607	602
3	39,461	3,288	759
4	47,638	3,970	916
5	55,815	4,651	1,073
6	63,992	5,333	1,231
7	72,169	6,014	1,388
8	80,346	6,696	1,545
Each additional person:	+7,992	+666	+154

*******DO NOT FILL OUT THIS PART. THIS IS FOR DESTIN F.C. USE ONLY*******

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason for denial or withdrawal: _____ **Check if Error Prone Application**

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____