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2016-17 Student Scholarship Application
Please print clearly and complete all sections, thank you!

To be considered for a scholarship:

- All sections in this application must be completed in their entirety and returned to Infinity.
A copy of the most recent income tax return must be submitted with this application.
Copies of paystubs from the most recent month must be submitted with this application.
All scholarship information is kept confidential by Infinity staff and scholarship funding sources.
You may be asked to provide additional documentation or information to verify income statements.
Social Security numbers are required and may be used by funding sources to perform computer matches to verify benefits received, employment income, and other information.
Please attach any additional information that you believe is relevant for this application.

Date: _____ returning student new student
Student Name: _____ SS#: _____ - _____ - _____
Address: _____ Age: _____
_____ Phone #: _____

Please check all that apply:

- Student applicant is a minor child (under 18) living with a parent or relative who is the primary caregiver
Student applicant is a foster child
Other _____

Are the student applicant and their family United States citizens? Yes No

Does the student applicant reside full-time in Chautauqua County, NY? Yes No

Does the student applicant's household currently receive benefits from any of the following? Check all that apply:

- Family Assistance/Safety Net Medicaid Food Stamps or WIC
HEAP SSI Other _____

Names and Ages of all members of the household (including student applicant):

Table with 3 columns: Full Name, Relationship to Student Applicant, Date of Birth. Rows 1-10.



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Household Income: (include all adult members of the household, attach additional sheets if needed)

Adult Name: _____ Relationship to Student: _____

Address: _____ Social Security #: _____

_____ Work Phone #: _____

Employer or Income Source: _____

Amount Received: \$ _____ Annually Monthly Weekly Other _____

Adult Name: _____ Relationship to Student: _____

Address: _____ Social Security #: _____

_____ Work Phone #: _____

Employer or Income Source: _____

Amount Received: \$ _____ Annually Monthly Weekly Other _____

Due to limited scholarship availability and the large number of scholarship requests, awarded scholarships will be partial scholarships so that a greater number of students can be assisted.

How much are you able to pay per month? \$ _____/month

The information in this application is true to the best of my knowledge and I am willing to cooperate with any efforts to verify the information provided, including household composition, income and citizenship status.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE: Not Approved Approved \$ _____/month

Guardian contacted Staff member initials _____ Date: _____

