



2017-18 Student Scholarship Application
Explore! Experience! Excel!

Please print clearly and complete all sections, thank you!

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. Please attach any additional information that you believe is relevant for this application.

To be considered for a scholarship all of the following must be submitted to Infinity:

- All sections in this application, completed in their entirety.
A copy of the most recent income tax return.
Copies of paystubs from the most recent four weeks.

Date: Returning Student New Student

Student Name: Student Age:

Student SS#:

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

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

Relationship to Student: Relationship to Student:

Adult Name: Adult Name:

SS#: SS#:

Address: Address:

Email Address: Email Address:

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Employer: Employer:

Work Phone: Work Phone:

Amount Received: \$ Amount Received: \$

Annually Monthly Weekly Other Annually Monthly Weekly Other



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

Full Name	Relationship to Student Applicant	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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: X_____ Date: _____

OFFICE USE:

Not Approved Approved for \$ _____/month Date: _____

Guardian contacted Staff member initials _____ SSP _____
