



2019-20 Student Scholarship Application

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Please print clearly and complete both sides and 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: \$ _____
<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 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

I authorize Infinity to contact me in the following ways with information regarding my scholarship:

- Email**
- Text message**
- Answering machine or voicemail**

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 _____**

