Infinity Student Scholarship Application

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Please print clearly and complete both sides and all sections.
All scholarship information is kept confidential by Infinity staff and scholarship funding sources.
Social Security numbers, copies of tax returns, and paystubs are all required for consideration.
You may be asked to provide additional documentation or information to verify income statements.
Please note: All Infinity scholarships are partial scholarships so that the greatest number of students can be served with available funding. The full monthly membership payment is due until all requested forms and proof of income documents have been submitted for scholarship consideration.

Date: _____ ❒Returning Student ❒New Student

Student Name: _____ Student Age: _____

Student SS#: _____

Is the student applicant under 18 and living with a parent or relative who is the primary caregiver? ❒ Yes ❒ No

Is the student applicant a foster child? ❒ Yes ❒ No

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

Household Information: *(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: _____

Please provide any additional information about your family's financial situation that you feel will help explain why paying the full membership amount would pose a hardship. Attach additional pages as needed.

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Applying for: ❒ Full Program Year Scholarship ❒ Temporary Scholarship: _____
Indicate length of time

Total number of household members *including student applicant*:

❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 ❒ 7 ❒ 8 ❒ 9 ❒ 10 ❒ 11 ❒ 12+

Total Current Household Annual Income (adult earners) = $ _____

Does the student applicant's household currently receive other financial assistance? Check all that apply:

❒ Family Assistance/Safety Net ❒ Medicaid ❒ Food Stamps/WIC ❒ HEAP ❒ SSI/Disability ❒Other_____

Check the box of the Infinity Membership Fee range that you are requesting to pay each month:

I can pay: ❒ *$50-70/month* ❒ $30-50/month ❒ $10-30/month

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

❒ USPS Mail ❒ Email ❒ Text ❒ Phone Call ❒ Phone Voicemail

PLEASE NOTE: To be considered for scholarship, all items below are required and must be submitted.

- ❒ ***Fill out all sections of this application in their entirety.***
- ❒ ***Supply a copy of the household's most recent income tax return.***
- ❒ ***Supply copies of paystubs from the most recent four weeks for each household adult earner.***

❒ **YES** I understand and will submit all items listed above that are required for Infinity scholarship consideration.

Initials: _____

❒ **YES** I understand that the full monthly membership payment is due and payable each month by the first of the month until all of the required items above are submitted to Infinity for scholarship consideration.

Initials: _____

❒ **YES** 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 I have provided.

Initials: _____

Parent/Guardian Signature: ***X***_____ **Date:** _____

OFFICE USE:

Date:_____

☐ **Approved for $**_____**/month**

☐ **Not Approved**

☐ **Parent/Guardian contacted** _____
staff member

☐ **ASAP** _____
staff member

_____

_____

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