



Guardian Angels for Special Populations

2021

APPLICATION FOR SPECIAL POPULATIONS SCHOLARSHIP PROGRAM

NAME: _____
(PLEASE PRINT)

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PARTICIPANT'S NAME: _____

Household Size and Total Annual Household Income:

1. Circle the total number of people in your household in the first column.
2. On the line corresponding to your household size, check the income range that included your household's annual income include court ordered child support whether received or not.

HOUSEHOLD SIZE

TOTAL HOUSEHOLD INCOME

Household Size	Yearly	Monthly	Weekly
1	\$22,459	\$1,872	\$432
2	\$30,451	\$2,538	\$586
3	\$38,443	\$3,204	\$740
4	\$46,435	\$3,870	\$893
5	\$54,427	\$4,536	\$1,047
6	\$62,419	\$5,202	\$1,201
7	\$70,411	\$5,868	\$1,355
8	\$78,403	\$6,534	\$1,508
Each Additional Person	\$7,992	\$666	\$154

Check here if your income does not fall into the income ranges corresponding with your household size.



Do you receive income from any of the following resources (check all that apply)?

Welfare to work

Temporary Assistance to Needy Families (TANF)

Social Security

Food Stamps

Other _____

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS income listed above includes the income (including income from assets) of all adults within the household. I certify, if applicable, that income also includes COURT AWARDED CHILD SUPPORT AND ALIMONY. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal and State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.

Signature

Date