PCC/ASP SCHOLARSHIP APPLICATION 2020

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PCC Account No. \_\_\_\_\_\_\_\_\_\_\_ School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I – ALL HOUSEHOLD MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Names of household members(First, Middle Initial, Last) | School Name/Town | State SNAP, FDPIR or State TANF case number for any member of the household. If you list a case number, skip to Part 5 | Check if no income |
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**PART 4 – TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED**

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| --- | --- | --- | --- | --- |
| NAME(List all household members with income) | Earnings from Work before Deductions | Welfare, Child Support, Alimony | Pensions, retirement, Social Security, SSI,VA Benefits | All Other Income |
| **Example:** John Smith | $199.44/Wk/Bi-Wkly/Mo | $149.99/Wk/Bi-Wkly/Mo | $99.99/Wk/BiWkly/Month | $99.99/Wk/Bi-Wkly/Mo |
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**PART 5 – SIGNATURE - An adult household member must sign the application**. If Part 4 is completed, the adult signing the form also must list his or her Social Security Number or mark the “I do not have a Social Security Number” box.

*I certify (promise) that all information on this application is true and that all income is reported.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ I do not have a Social Security Number*

**PART 6–SPECIAL FAMILY NEEDS/CIRCUMSTANCES THAT WILL ASSIST PCC IN AWARDING THE SCHOLARSHIP.**

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**INSTRUCTIONS FOR APPLYING**

***A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.***

***IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM STATE SNAP, OR STATE TANF, OR THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS FDPIR, FOLLOW THESE INSTRUCTIONS.***

*Part 1: List all household members, the school name for each child, and the case number for any household member (including adults) receiving State SNAP or STATE TANF or FDPIR benefits.*

*Part 4: Skip this part if you list a case number for receiving SNAP, TANF or FDPIR benefits*

*Part 5: Sign the Form. A social Security Number is necessary.*

***IF NO ONE IN YOUR HOUSEHOLD GETS STATE SNAP OR STATE TANF BENEFITS FOLLOW THESE INSTRUCTIONS***

*Part 1: List all household members and the school name for each child.*

*Part 4: Complete*

*Part 5: Sign the form. A social Security Number is necessary.*

***ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS.***

*Part 1: List all household members and the school name for each child. For any person, including children, with no income, you must check the “No Income Box”.*

*Part 4: Follow these instructions to report total household income from this month or last month.*

* *Box 1 – Name: List all household members with income.*
* *Box 2 – Gross income and How Often It Was Received: For each household member list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, and All Other Income sources. Under All Other Income, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.*

*Part 5: Adult household member must sign the form and list Social Security Number (or mark the box if she/he doesn’t have one.*

*Part 6: Briefly describe your special family need/circumstances that will assist PCC in awarding the scholarship.*

***Please send the completed application by April 24, 2020 to:***

***PCC, Inc., Attn: Mr. Thomas J. Lynch, Executive Director, 320 Washington Street, Alumni Hall, Room 209, Easton, MA 02357***