**Scholarship Registration Form**

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| **Subrecipient:**  | **Site Location:**  |

1. **Identifying INFORMATION**

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| **List Identifying Information for Each Youth Participating in the Program** (list the information listed on the left for each program participant) |
| **Participant Information** | **Participant 1** | **Participant 2** | **Participant 3** | **Participant 4** |
| **Legal Name** (first & last) |  |  |  |  |
| **Gender**(male or female) |  |  |  |  |
| **Social Security Number**(all nine digits) |  |  |  |  |
| **Date of Birth**(month/date/year) |  |  |  |  |
| **Relationship to Parent/ Legal Guardian** (i.e. son, niece, foster child & etc.) |  |  |  |  |
| **Grade**(grade last completed)  |  |  |  |  |
| **School Attending**(last school attended)  |  |  |  |  |
| **Race** |  |  |  |  |
| **Ethnicity**- check one | **[ ]  Hispanic** **[ ]  Non-Hispanic** | **[ ]  Hispanic** **[ ]  Non-Hispanic** | **[ ]  Hispanic** **[ ]  Non-Hispanic** | **[ ]  Hispanic** **[ ]  Non-Hispanic** |
| **Country of Origin** |  |  |  |  |
| **Resident Status**-check one  | **[ ]  U.S. Citizen****[ ]  Lawful Resident Alien** | **[ ]  U.S. Citizen****[ ]  Lawful Resident Alien** | **[ ]  U.S. Citizen****[ ]  Lawful Resident Alien** | **[ ]  U.S. Citizen****[ ]  Lawful Resident Alien** |

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| **List Identifying/Demographic Information for Parent/Legal Guardian** (list below) |
| **[ ]  Parent [ ]  Legal Guardian** | **Last Name** | **First Name** | **Middle Initial**  |
| **Social Security Number** | **Street Address** |
| **City** | **Zip Code**  | **State**  | **County Franklin** |
| **Phone Numbers** (Area code & Number)**Home:****Cell:****Work:** | **Race: African American** **Ethnicity: [ ]  Hispanic [ ]  Non-Hispanic****Country of Origin:** | **Resident Status**- check one**[ ]  U.S. Citizen [ ]  Lawful Resident Alien** (attach verification)**[ ]  Other- Parent/Legal Guardian**  **Applying for a Minor Citizen** |

1. **Benefit Information**

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| **Check the FCDJFS Benefits the Family Receives**- check all that apply(check the box for the benefits the family has received in the last 30 days; if the family does not receive benefits from FCDJFS check the first box)  |
| **[ ]  N/A (the family does not receive FCDJFS Benefits) [ ]  Medicaid- Health/Medical Assistance [ ]  Ohio Works First- Cash Assistance** **[ ]  Supplemental Nutrition Assistance Program- Food Assistance [ ]  Child Care Assistance- Publically Funded Child Care**  |

1. **INCOME INFORMATION**

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| --- | --- |
| **Check the Appropriate Income Boxes for the Family-** check all that apply(list the amount of household income for each section: gross earned, unearned & total for the last 30 days)  | **Amount of Household Income** **for the Last 30 Days** (gross earned income, unearned income & total household Income) |
| **Income Category**  | **Type of Earned/Unearned Income**  |  |
| **[ ]  Earned Household Income**  | **[ ]  Full-Time** | **[ ]  Part-Time** | **Earned Income** (gross amount) **$** |
| **[ ]  Wages/Tips** | **[ ]  Self-Employed** |
| **[ ]  Unearned Household Income**  | **[ ]  SSI** | **[ ]  Child Support** | **[ ]  Unemployment Compensation** | **Unearned Income** **$** |
| **[ ]  SSDI** | **[ ]  Retirement** | **[ ]  Zero Income Statement** |
| **[ ]  Other (explain):** |  |
| **Total Amount of Household Income (Gross Earned & Unearned) for the Last 30 Days:**  | **Total Income** (earned & unearned) **$** |

1. **HOUSEHOLD MEMBERS**

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| **List the Household Member‘s Name and Relationship to the Applicant** -Complete the chart below for the members of your household; you must include immediate family members (self, spouse/father of minor child, and minor children) -You may also include others living in the household**-If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 18 years of age if still in high school, include him/her in the table** |
| **Name** | **Relation to Applicant** | **Date of Birth**MM/DD/YY | **Name** | **Relation to Applicant** | **Date of Birth**MM/DD/YY |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

1. **INELIGIBLE HOUSHOLD MEMBERS**

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| **Ineligible Household Members**  |
|  **[ ]  Yes [ ]  No** 1. Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
2. Is there a household member who is not a resident of Franklin County?
3. Is there a household member who is not a citizen or lawful resident alien?
4. Is there a household member who is a fugitive felon or probation/parole violator?
5. Is there a household member who has failed to cooperate in establishing paternity or securing child support?
6. Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
7. Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
8. Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?
 |
| **If you answered yes list the number of the question(s) and the name of the person below:**  |
|  |

1. **APPLICANT SIGNATURE**

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| **I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.** |
| **Signature of Parent/Guardian (You can type your first and last name if you’re filling out this form digitally)** | **Date** |
| **FOR PROVIDER USE ONLY** |

1. **TANF ELIGIBLE HOUSEHOLD SIZE**

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| Household Size |
| **Number of Household Members** (listed in the household member chart in section D) |  |
| **Number of Ineligible Household Members**(number of people listed in Section E. question #9, these individuals will not be counted in total household size) |  |
| **Total Household Size** (number of household members, minus ineligible household members) |  |
| **If the person identified as ineligible is the applicant, he/she is not eligible for** **services** \* Household member(s) listed as ineligible and are not the applicant, cannot be counted in household size; however their **income must be included** to qualify for TANF  |

**2019 Income Guideline Reference Table**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **200% FPG** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **$1980** | **$2670** | **$3360** | **$4050** | **$4740** | **$5430** | **$6122** | **$6815** | **$7509** | **$8202** |

1. **PARTICIPANT STATUS**

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| **Check the Box Representing How Eligibility was Determined**- Check Only One Box |
| **1. [ ]  TANF Eligibility- Based on FCDJFS Benefits or Income**  -This individual(s) receives or is a member of a family that **receives FCDJFS benefits** and has a minor child -Qualifying FCDJFS benefits include**-- Ohio Works First (cash payments), SNAP (food assistance) or Medical assistance** -**Child care assistance is cannot be used to determine TANF eligibility** because of income requirements-Eligibility determination is **based upon household income** and family has a minor child-Household income includes **gross earned** (income from employment) **& unearned income** (i.e. child support, SSDI, SSI, retirement, zero income statement & etc.)  |
| **2. [ ]  Program Eligible**-Household exceeds the income level for TANF eligibility -Household has a minor child and is in need of Youth Summer Camp Services  |

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| **Signature of Agency Representative** | **Title** | **Date**  |