**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| 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**

|  |
| --- |
| **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** |