

WHITIN COMMUNITY CENTER 2025 SCHOLARSHIP APPLICATION FINANCIAL DECLARATION

Head of Housel Residential Add Email:	dress:			Phone:								
Dear Applicant: families. A concelligibility as de provide will be calendar year o	The Whitindition of red fined by the kept con only. All app	ceiving a so e Departm fidential a blicants mus	cholarship i ent of Hou nd will no st provide r	is that the a sing & Urba of be share new form an	applicant m an Develop ed. Pleas d documer	ust meet looment (HUE e note app ntation year	w to medi 0). The info lications a ly.	ium income rmation you re good for				
the table:												
Size	1	2	3	4	5	6	7	8				
Income Level 1	\$45,000	\$51,450	\$57,900	\$64,350	\$69,500	\$74,650	\$79,800	\$84,950				
Income Level 2	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450	\$121,300	\$129,100				
Note : For the purpose of this form, "Total Household Income" includes ALL income received by ALL the members of your household age 18 or older, whether related or not. Income includes wages, earnings from self-employment (net amount from Schedule C), social security benefits, public assistance, pensions, alimony and/or child support, interest, dividends, etc.												
DO NOT LEAVE THE FOLLOWING QUESTIONS BLANK!												
2. Is your Total Household Income for the last twelve (12) months equal to or less than the amount indicated in the row labeled "Income Level 1" for the size of your family? YES NO												
3. If you answermonths equal to family?	o or less th	an the amo										
4. Please complete the following for ALL household members regardless of request:												
Adult/Youth/He	ad of Hous	ehold:										
	e Of Birth: Age: Requesting Membership: Yes No							, No				

***Note: All members must reside in the same household to qualify for Family Membership

2 nd Household Member:						
Date Of Birth:	Age:	Requ	esting Membe	rship:	Yes	No
3 rd Household Member:						
Date Of Birth:	Age:	Requ	esting Membe	rship:	Yes	No
4 th Household Member:						
Date Of Birth:						
5 th Household Member:						
Date Of Birth:				rship:	Yes	No
6 th Household Member:						
Date Of Birth:				rship:	Yes	No
7 th Household Member:						
Date Of Birth:						
Mailing Address:		Town:	z	IP:		
Email Address:						
5. Please attach a copy of your for ALL wage earners in your be considered for the award. the Head of Household's name	household. <mark>Application</mark> Town of Northbridge F	s without a com	plete copy of	f form	1040	will not
6. Are you also interested in a s7. Are you also interested in a 1	•					
All scholarship applications are Center's Scholarship Committee dependent upon money raised tapplications (this form plus requirement of the first served basis. Any fir given for previous registrations, the final decision. If you have are 8. We certify that the information	e. The amount of money through donations, gran uired financial document nancial assistance award Please allow up to 4 weny scholarship questions	v available for su ts, and fundraisir ation), will be rev ded will not be re eeks for review. A s, please contact	ch scholarship ng events. Sch riewed and aw troactive. <u>No r</u> All applicants v <u>Finance@Ou</u>	os each nolarshi rarded c refunds vill be r rGym.c	year p on a will b otifie	first pe ed of
Name (Print)	Signature			ate		