



# Wabash Valley Youth in Action, Inc. Scholarship Form

Applicants Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City State Zip

Child's Name: \_\_\_\_\_  
First Last

Applicant's Employer: \_\_\_\_\_

Gross salary/weekly: \$ \_\_\_\_\_

Other income: \_\_\_\_\_

Gross weekly: \$ \_\_\_\_\_

(i.e. Social Security, TANF, Child Support)

Spouse's Employer: \_\_\_\_\_

Gross salary/weekly: \$ \_\_\_\_\_

Other income: \_\_\_\_\_

Gross weekly: \$ \_\_\_\_\_

(i.e. Social Security, TANF, Child Support)

Income Guidelines		
Size of family unit	Yearly Gross Income	Weekly Gross Income
1	\$16,245	\$312.40
2	\$21,855	\$420.29
3	\$27,465	\$528.17
4	\$33,075	\$636.06
5	\$38,685	\$743.94
6	\$44,295	\$851.83
7	\$49,905	\$959.71
8	\$55,515	\$1,067.60

Do you receive any of the following:

- \_\_\_\_\_ Free school lunches/breakfast
- \_\_\_\_\_ Reduced-Price lunch/breakfast
- \_\_\_\_\_ Food Stamps
- \_\_\_\_\_ LIHEAP-Low Income Home Energy Assistance Program
- \_\_\_\_\_ TANF-Temporary Assistance for Needy Families
- \_\_\_\_\_ Section 8-Housing Choice Voucher Program

Please tell us your story. Please explain any extenuating circumstances that will detail your need for a scholarship. If necessary, attach an additional page to this scholarship form.

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List all members of the household below:

	Name	Age	DOB	M/F
1	_____			
2	_____			
3	_____			
4	_____			
5	_____			
6	_____			

**Scholarship deadline is the same as the Early Bird Deadline.**

- ~ Include proof of income for all members of your household.  
(i.e. Paycheck Stubs, taxes)
- ~ Scholarship forms need to be filled out for EACH child requesting scholarship.
- ~ A new form needs to be filled out for each program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Wabash Valley Youth in Action will not turn any child away for inability to pay. However, the proper paperwork must be completed within the time given by Youth in Action staff. Late paperwork is NOT automatically accepted.

OFFICE USE:

- \_\_\_ Form complete
- \_\_\_ Income information included
- \_\_\_ Meet income guidelines
- \_\_\_ Extenuating circumstances

\_\_\_\_\_ ACCEPTED \_\_\_\_\_ DENIED