

The Salvation Army Tri-City Corps

After School Program Scholarship Application 2019/20



Scholarship Applications are due by **4:00pm, Monday, July 29**. Scholarships will be reviewed by The Salvation Army's Scholarship Committee and families will be informed of the level of scholarship awarded.

Applications that are incomplete or do not include copies of requested documentation will be ineligible for scholarships.

Families receiving scholarships are required to pay the registration fee (\$15 per child).

As scholarship funding is limited and available through the generosity of the Tri-City Community, it is important that families receiving scholarships are active participants in the After School Program. Families receiving scholarships are expected to send their child(ren) to the After School Program regularly. If a family does not maintain regular attendance* throughout the school year, they will forfeit their scholarship for the remainder of the year and may be ineligible for a scholarship in future years.

*Regular attendance is determined at the discretion of the Youth Development Coordinator and approved by the Corps Officer.

Date/Fecha: _____

Household Name/Nombre: _____ Phone #/Numero De Telefono _____

Address/Domicilio: _____ Cellular # _____

City/ State/ Zip Code _____ Race/Raza _____

Family Status:/Estado Familiar: Single M__ Single F__ Married__ Unmarried__ Separated__ Divorce__ Widowed__
Soltero __ Soltera __ Casado __ No Casado __ Separado __ Divorciado __ Budo __

ADULTS IN HOUSEHOLD (ALL RESIDENTS 18 YEARS AND OLDER):

ADULTOS EN CASA (TODOS LOS RESIDENTES 18 ANOS O MAS):

Last Name/ Apellido	First Name Nombre de Pila	Birth Date/ Fecha De Nacimiento	Race / Raza*	Gender / Sexo	Relationship / Que son de Usted	(For Office Use Only)		
						ID	BC	SS

CHILDREN IN HOUSEHOLD (17 YEARS AND UNDER)/ NINOS EN CASA (17 ANOS O MENOS)

Name/ Nombre	Birth Date/ Fecha de Nacimiento	Race / Raza*	Gender / Sexo	Relationship / Que son de Usted	(For Office Use Only)		
					ID	BC	SS

*Race/Raza: AA-African American ; AS – Asian ; C – Caucasian; HP – Hispanic; NA – Native American; O – Other
This information is only used for statistical & fundraising purposes.

DOCUMENTATION IS NECESSARY TO CONFIRM RESIDENCY, ALL HOUSEHOLD MEMBERS, INCOME AND MAJOR EXPENSES Please include copies of the following documentation: Photo IDs, Social Security Cards, Birth Certificates of children, Lease, Mortgage Statement, Property Tax Bill, Pay Stubs, Benefit Letters, etc.

You must include these documents even if you believe we have them on file.

Documentacion es necesaria para confirmar su residencia, todos los miembros de casa, ingresos y gastos principales. (Identificacion con foto, numeros sociales, partida de nacimiento de los ninos, contrato de arrendamiento, contrato de arrendamiento, contrato de hipoteca, cuenta de impuestos de bienes y raices, talones de trabajo, etc.)

Debe incluir estos documentos incluso si cree que los tenemos en nuestros archivos.

MONTHLY HOUSEHOLD INCOME INGRESOS DE CASA MENSUALES	PERSON #1 PERSONA #1	PERSON #2 PERSONA #2	PERSON #3 PERSONA #3	MONTHLY HOUSEHOLD EXPENSE GASTOS DE CASA MENSUAL	TOTAL EXPENSES /GASTOS TOTAL
Name of Resident 18 yrs, and older:/ Nombre de residente 18 anos o mas				Rent / Mortgage Renta / Hipoteca	
Employer/Empleado Salary (Net -Monthly)/ Sueldo (Neto- Mensual)				Utilities: Gas Utilidades: Gas	
Public Aid / TANF Ayuda Publica / TANF Cash: Dinero:				Electric Electricidad	
Food Stamps: Estampillas de Comida:				Water / Agua	
Unemployment / Desempleo				Home Phone and or Cell Phone / Telefono	
Workmens' Compensation Compensación de Obrero				Entertainment (cable, internet, etc...)	
Social Security / Seguridad Social				Auto Payments / Pagos de Auto	
SS- Supplemental / Disability Subsidio Social de Incapacitados				Insurance (health & vehicle / Seguro	
Child Support / Sosten de Ninos				Child Care / Support Ayuda de ninos / Suporte	
General Assistance / Ayuda General				Credit Cards / Trajetas de Credito	
Pension / Pensiado				Loan Payments / Pagos de Prestamos	
Veterans' Benefits / Beneficios de Veteranos				Medical /Medica (co-pay & Rx)	
Assistance from family / friends Ayuda de familia / amigos				Food /Comida	
				Clothing/ Ropa	
Other/Otros				Household Items	
Interest / Investment Income Interes / Ingreso de inversiones				Car: Gas & Repairs / Gasolina y reparacion del carro	
Total Monthly Income Total de ingreso mensual	\$	\$	\$	Total Monthly Expenses Total de gastos mensual	\$

Application Questions:

Please share why your family is in need of a scholarship for the After School Program:

Has your family experienced a significant loss of income or increase of expenses? If so, please explain:

Why do you want your child to be a part of The Salvation Army After-School Program?

Due to program funding, we are only able to offer full scholarships to a certain number of families. However, we try to provide at least a partial scholarship to families that demonstrate a need. If chosen for a partial scholarship, what amount per week for tuition would you be able to afford, based on your current situation? What amount would exclude your child from participating, due to financial strain?

Are there other financial, material, educational, or spiritual needs that you would like help with, either through services provided by The Salvation Army or through a referral to another community agency?

Release of Information: I understand that in order to receive assistance from The Salvation Army, it may be necessary for The Salvation Army to request or share information about myself, my family and / or my situation with other agencies, public and private, who may be able to assist in the establishment of my need, provide personal or financial information, or in other ways be helpful to me in receiving assistance. I therefore authorize The Salvation Army to share information and discuss my case with such agency personnel as required and authorize all agencies contacted by The Salvation Army to provide such information as may be helpful to my case. I further authorize this release to be in effect for 12 months from the date signed by the applicant.

Permiso de compartir Informacion: Yo comprendo que para recibir ayuda de parte de Salvation Army, quizas sras necesario que Salvation Army comparta mi informacion, la de mi familia o mi situacion con otras agencias publicas o privadas que podran ayudar me tambien proveer informacion personal o finaciera a fin de yo recibir ayuda. Por lo tanto yo doy mi autorizacion que Salvation Army comparta mi informacion con otras agencias y autorizo esas agencias ques esten en contacto con Salvation Army y compaartan mi information a fin de ayudar me. Al mismo tiempo autorizo que esta liberacion de informacion este en efecto por 12 meses de la fecha que esta aplicacion es firmada.

Signature of Applicant / Firma de Aplicante

Date Signed / Fecha Firmada

**Applications should be returned to:
The Salvation Army
Attn: Summer Day Camp
1710 S. 7th Ave
St. Charles, IL 60174**

**If you have questions regarding the After School Program, please contact:
Dean McDiarmid, Youth Ministries Director
(630) 377-2769/630-485-1031
dean_mcdiarmid@usc.salvationarmy.org**