

BRICKIE KIDZ SCHOLARSHIP – Instructions for Applying

Households getting TANF or Food Stamps:

1. In Part I, list each enrolled child, include the TANF or Food Stamp case number for any child, and the name of the school. EBT and Hoosier Healthwise numbers DO NOT qualify you for benefits.
2. In Part 2, enter the name and case number of any other household member who has a valid TANF or Food Stamp case number.
3. In Part 3, check the appropriate box, if any.
4. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.

Migrant, Homeless, or Runaway:

1. In Part 1, list each enrolled child which are homeless, migrant, or runaway and d the name of the school.
2. In Part 3, check the appropriate box and contact the school’s homeless liaison or migrant coordinator.
3. In Part 5, an adult must sign the application. The last four digits of the Social Security number are not required.

All Other Household Types: Including WIC households

1. In Part 1, list each enrolled child.
2. In Part 2, check the appropriate box, if any. Skip Part 3.
3. In Part 4, list everyone related or unrelated living in your household. Include yourself, spouse, all children, grandparents, other relatives, and unrelated people. Use another sheet of paper if needed.
 - a. For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Do not include income from SNAP, FDIR, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. If you have no income, put a checkmark (✓) in the box.

INCOME TO REPORT:

- | | |
|---|--|
| Earnings from Work before Deductions | Social Security |
| Wages/salaries/tips | Veteran payments |
| Strike benefits | Supplemental Social Security Income |
| Unemployment compensation | All Other Income |
| Workman’s compensation | Earnings from second job |
| Net income from self-owned business or farm | Disability benefits |
| Welfare/Child Support/Alimony | Interest/Dividends |
| Public assistance payments | Cash withdrawn from savings |
| Welfare payments | Income from Estates/Trusts/Investments |
| Alimony payments | Regular contributions from persons not living in the household |
| Child support payments | Royalties/Annuities/Rental income |
| Pensions/Retirement/Social Security | |
| Pensions | |
| Retirement income | |

An adult must sign the application and list the last four digits his/her Social Security number, or put a checkmark (✓) in the box if you have no social security number.

Your child/ren may qualify for scholarship if your household income falls within the limits on this chart.

Household size	Yearly	Monthly	Weekly
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	+9,509	+793	+183

School City of Hobart	4730
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SCHOOL CORPORATION

CORP. NUMBER

APPLICATION FOR BRICKIE KIDZ SCHOLARSHIP

Part 1. NAME OF CHILD (First Name, MI, Last Name)	LIVING WITH PARENT OR CARETAKER RELATIVE	BIRTH DATE	SCHOOL	CHECK IF FOSTER CHILD	TANF OR FOOD STAMPS CASE # (IF YOU RECEIVE BOTH BENEFITS, LIST THE TANF CASE #)
	YES - NO			<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO			<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO			<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO			<input type="checkbox"/>	/ / / / / / / / / /
	YES - NO			<input type="checkbox"/>	/ / / / / / / / / /

Part 2. If any member of your household (adult or non-student) has a valid Food Stamp or TANF case number, please provide the name and case number for the person who receives the benefit and then skip to Part 5.

Name: _____ Case Number: ____/____/____/____/____/____/____/____/____/____

Part 3. If any child you are applying for is migrant, homeless, or a runaway, check the appropriate box and call 219-942-7263.

Migrant Homeless Runaway

Part 4 NAME	Earnings from Work Before Deductions	Welfare Payment Child Support, Alimony					Pension, Retirement, Social Security	All Other Income					Check if NO income												
		weekly	Every 2 Weeks	Twice a month	Monthly	Yearly		weekly	Every 2 Weeks	Twice a month	Monthly	Yearly													
Example: Jane Smith	\$200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. SIGNATURE: An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box. While disclosure of the last 4 digits of a social security number is voluntary, **SCO**H requires the last 4 digits or an indication of "no social security number" for approval of the application. I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose scholarship and I may be prosecuted.

X _____ No Social Security # _____
 Signature of Adult Household Member Social Security Number Home/Work Telephone Numbers

 Printed Name of Adult Household Member Date Signed Home Address/Apt # Zip Code

 Number of adults residing in home Number of children residing in home

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

INCOME CONVERSION TO YEARLY:

WEEKLY INCOME X 52

EVERY 2 WEEKS X 26

TWICE A MONTH X 24

MONTHLY INCOME X 12

ELIGIBILITY DETERMINATION

Income Eligibility: Total Household Size: _____ Total Income: \$ _____ per: Weekly Every 2 Weeks Monthly
 Twice a Month Yearly

OR Categorical Eligibility: Food Stamps TANF Migrant Homeless Runaway

Eligibility Determination: Approved for Scholarship Denied

Reason for Denial: Income too high Incomplete Application Other _____

Signature of Determining Official: _____ Date _____

Verification of income _____ 2023 W2
_____ Last 2 paycheck stubs