



SCHOLARSHIP APPLICATION for Classes & Programs

Program/Activity: _____

Joy Now recognizes that some students require financial assistance to participate in certain programs & activities that are offered. A limited number of scholarships are available for those who qualify. The information requested below is confidential and necessary to help determine the degree of need for each applicant. ALL information must be filled in or the application will be returned unaccepted. If you are applying for multiple scholarships, a separate application is required for each participant. A new scholarship application will need to be submitted at the beginning of each session. Please allow a minimum of 2 working days to process your scholarship. You will be notified by phone or email to confirm approval of your scholarship.

Proof of income is required with ALL scholarship applications. Please see reverse for more information and valid forms of income verification.

Participant's Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____
This scholarship will be used for: Activity: _____
Knowing that the normal fee for this program is: \$ _____, what do you think you can pay? \$ _____.
Our program does not allow us to cover the program fee completely, so please enter an amount that is possible for you to pay.
State the financial need which makes it impossible for you to pay entire fee: _____
Primary Parent/Guardian Name: _____

Primary Parent/Guardian Signature

Date

STUDENT/PARTICIPANT:
Can you work in your community by doing odd jobs such as lawn mowing or babysitting to raise money for your tuition, or to help to contribute to the scholarship fund so that someone else can attend too? [] Yes [] No
If so, how much do you think you can raise this way? \$ _____
Are you part of a program or organization that might help you with your tuition? [] Yes [] No
Do you have any other family members or friend that might help you? [] Yes [] No

VERIFICATION OF INCOME ELIGIBILITY

When applying for a scholarship, Joy Now requires a copy of your latest 1040 Income Tax Form or other accepted form to verify your income (see below). This information must be updated with each subsequent scholarship request. *Joy Now values your privacy and will make every effort to ensure information provided remains confidential.*

Number of children living at home: _____ **Number of adults in household:** _____

TOTAL YEARLY FAMILY INCOME (include child support if applicable):

- | | | |
|---|--|---|
| <input type="checkbox"/> 0 to \$19, 239 | <input type="checkbox"/> \$32,560 to \$ 32,219 | <input type="checkbox"/> \$52,540 to \$59,199 |
| <input type="checkbox"/> \$19,250 to \$25,899 | <input type="checkbox"/> \$39,220 to \$45,879 | <input type="checkbox"/> \$59,200 to \$65,859 |
| <input type="checkbox"/> \$25,900 to \$32,559 | <input type="checkbox"/> \$45,880 to \$52,539 | <input type="checkbox"/> Over \$65,859 |

ACCEPTABLE forms of income verification (please check form used):

- _____ Most recent 1040 income tax return
- _____ Proof of current Social Security benefits (SSA Benefit Statement or SSA-1099)
- _____ Proof of disability pay (SSI)
- _____ Proof of current OHP (Oregon Health Plan – striped medical paper with client info on it)
- _____ Oregon Trail (food stamps) award letter
- _____ Proof of participation in Free & Reduced Lunch program

UNACCEPTABLE forms of income verification

- Bank statements
- Paycheck stubs
- Individual W-2's
- Plastic Oregon Trail Card
- WIC

Have you recently been awarded a Prowus Scholarship? Yes No **If yes, date awarded:** _____

To the best of my knowledge, the information provided on the Verification of Income Eligibility form is accurate. I understand that misrepresenting could result in an inability to receive Joy Now scholarships in the future.

Primary Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

| | | |
|----------------------------------|---------------------------------|--------------------------------|
| Notes: | | |
| Date Received: _____ | Date Approved: _____ | Regular Program Fee: \$ _____ |
| Term: _____ | Dates Phoned/Emailed: _____ | Less Scholarship Amt: \$ _____ |
| Program Manager Signature: _____ | Total Participant Fee: \$ _____ | |