



City of Moline Youth Scholarship Program

This scholarship allows each child under the age of 18 years of age in a household to sign up and participate in one youth activity or sport.

Program Guidelines:

The applicant understands he/she is applying for a scholarship for a Youth Program. Eligibility is based on household income.

Section 1

Applicant's Name: _____ # in household (size) _____ Date: ____/____/2022

Address: _____, Moline, IL 61265 Daytime Phone: (____)____-_____

Applicant's Government ID: ___Driver's License ___State ID ___Other _____

ID Number: _____ Issuing State/Country: _____

****Please provide a piece of mail with your current address. The address on the piece of mail MUST match the address on the ID you provided. (Examples: Utility Bill, Mortgage/Rent, Cell Phone)**

Other Program Income Guidelines

-Are you currently receiving SNAP benefits from the Illinois Department of Human Services? **Yes or No**

-Are you currently receiving EBT benefits from the Illinois Department of Human Services? **Yes or No**

-Do you currently have an Illinois Healthcare and Family Services medical card? **Yes or No**

-Do you currently have a **Medicaid** card? **Yes or No**

-Does your child currently qualify for free/reduced lunch? **Yes or No**

If you answered yes to any of the above questions, please provide a copy of the card or free/reduced lunch letter and proceed to Section 2. Please only complete the first three columns (household members, birthdates and gender). If you answered no to all questions, please complete all five columns and provide thirty (30) days of income for all household members 18 or older.

Section 2

List all persons who live with the applicant and their Income (if applicable):

<u>Household Members</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Annual Gross Income</u>	<u>Income Source</u>
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
			\$ _____	Total Household Income

Section 3 – Optional Race and Ethnic Data Please place an "X" by the appropriate box.

<input type="checkbox"/>	White	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Asian & White	<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	Prefer Not To Provide	<input type="checkbox"/>	

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Signature of Applicant: _____

Date: ____/____/2022

Office Use Only

Household Size: _____ Total Annual Income: \$ _____ HUD Income Limit: \$ _____

Identification

- Government ID Does the address match the piece of mail provided?
- Mail – Utility bill, Mortgage/Rent, Cell Phone

Income Source Documentation

- SNAP
- EBT Card
- Medicaid medical card
- Illinois Department of Human Services medical card
- Free/Reduced Lunch Letter

OR

Household income certified - 2022 HUD Income Guidelines

HH Size	1	2	3	4	5	6	7	8
80% AMI	\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200	\$84,650	\$90,100

Eligible: _____ Meets Income Guidelines: _____ Meets Other Program Income Guidelines: _____

*Source Documentation is attached AMI: _____% Program Met _____

Not-Eligible (Give Reason): _____

____ Reviewed/Approved

____ Reviewed/Disapproved

Recreation Specialist

____/____/2022
Date

Case Number: _____
Date: _____