



Scholarship Program Interest Form

SECTION 1: PARENT/GUARDIAN INFORMATION

Name:			
Address:			
Phone Number:	E-mail:		
Do you own or rent the property listed?		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Are you or anybody living in your household over the age of 65?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or anybody living in your household disabled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone living in your household under 6 years old?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 2: INCOME INFORMATION

Many Community Development programs have income limits for program participants. Please circle the **TOTAL** Annual Gross Income based on the number of people in your household:

Number of Persons in Household	Income Range 30% (Max)	Income Range 50% (Max)	Income Range 60% (Max)	Income Range 80% (Max)
1	\$17,250	\$28,700	\$34,440	\$45,950
2	\$19,700	\$32,800	\$39,360	\$52,500
3	\$22,150	\$36,900	\$44,280	\$59,050
4	\$24,600	\$41,000	\$49,200	\$65,600
5	\$26,600	\$44,300	\$53,160	\$70,850
6	\$28,550	\$47,600	\$57,120	\$76,100
7	\$30,550	\$50,850	\$61,020	\$81,350
8	\$32,500	\$54,150	\$64,980	\$86,600

SECTION 3: DEMOGRAPHIC INFORMATION (SEE CHART BELOW)

Name	Relationship	Age	Household Race	Household Type	Monthly Income	Hispanic Y/N
Ex. John Smith	SELF	81	13	2	\$658.00	N

HOUSEHOLD TYPE	HOUSEHOLD RACE	
1-Single, non-elderly	11-White	16 - American Indian or Alaska Native White
2-Elderly	12-Black or African American	17 – Asian & White
3-Single Parent	13-Asian	18 - Black or African American & White
4-Two Parents	14 - American Indian or Alaska Native	19 - American Indian or Alaska Native & Black or African American
5-Other	15 - Native Hawaiian or Alaska Native & White	20 - Other/Multi-Racial



Scholarship Program Interest Form

CHILD 1 INFORMATION:

Name:

Address:

Date of Birth:

Current School:

CHILD 2 INFORMATION:

Name:

Address:

Date of Birth:

Current School:

CHILD 3 INFORMATION:

Name:

Address:

Date of Birth:

Current School:

CHILD 4 INFORMATION:

Name:

Address:

Date of Birth:

Current School:

EMERGENCY CONTACT:

Name:

Phone Number:

E-mail:

SECTION 4: RESOURCE INFORMATION

Have you participated in a Community Development program before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If over 60, do you wish to receive information about Senior Resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there is a child under 6 that lives in or visits the home, do you wish to receive information regarding our Lead Safe/Healthy Homes program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to receive information regarding our Citizens Services/Food Bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to receive information regarding our Martin Luther King Resource Center or Hispanic Resource Center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FILLING OUT THE FORM DOES NOT GUARANTEE THAT YOU WILL RECEIVE ANY ASSISTANCE FROM THE CITY.

All of the City of Kenner's programs are voluntary. Some programs may require residents to temporarily move out of their homes, at their own expense. Kenner adheres to all HUD rules and regulations and implements a non-discriminatory practice of selecting workers and contractors. By agreement to participate in a Community Development program, you acknowledge that you will be held to these same standards.

The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statements made of his/her own knowledge are; and statements made on information and belief are believed to be true.

Signature

Print Name

Date