



iCan House Services, Inc.
**APPLICATION FOR
SCHOLARSHIP ASSISTANCE**

SCHOLARSHIP DETAIL

Scholarship money is awarded quarterly. The entire scholarship application and all supporting documents, (see checklist below), are due according to the schedule below. Scholarship funds will be awarded by the first day of the award quarter. Scholarship monies will be awarded as a credit towards the balance of the member’s iCan House account. All scholarship recipients will be notified of their award status prior to the award period. All recipients must be in good financial and behavioral standing with the iCan House to be awarded a scholarship. **ACCOUNTS MUST BE PAID AND UP TO DATE.**

Scholarships are NOT automatically renewed. To be considered for a scholarship, award recipients MUST reapply for scholarship assistance each quarter. For questions, call Kim Shufan at 336-416-3802

Scholarship Schedule	Application Due	Funds Applied
Quarter 3 = Jan, Feb, Mar.	Dec. 7 th	Jan. 1 st
Quarter 4 = Apr, May, June	Mar. 7 th	Apr. 1 st
Quarter 1 = Jul, Aug, Sept.	June 7 th	July 1 st
Quarter 2 = Oct, Nov, Dec.	Sept. 7 th	Oct 1 st

APPLICATION DIRECTIONS

Please fill out this application completely. To be considered for a scholarship, all sections and tax documents must be submitted by the application deadline. Omitting information or failing to submit a required document removes this application from consideration for the upcoming award period. It is your responsibility to follow through with all parts of the application process.

NOTE TO NEW MEMBERS

iCan House is always excited to welcome new members to be considered for a scholarship. A new member must complete the application process and be accepted into a program before applying for scholarship funds. Please visit www.icanhouse.org/programs/application to learn more about programs, or call our office at 336.723.0050. All members must have membership application, member documents, in-person intakes, and final program placement in place before submitting a scholarship application.

APPLICATION CHECKLIST

Please place the following in a sealed envelope and deliver in person or via U.S. Mail to:
iCan House at 952 W. 4th St. Suite 205, Winston-Salem, NC 27101; or send by email to kim@icanhouse.org

- Completed and Signed 3-Part Scholarship Application Form
 - Part 1- Biographical Information
 - Part 2- Financial Information
 - Part 3- Questionnaire
- Copy of Most Recent Tax Forms - *Must be included each time you apply for scholarship.* For each member in your household that filed a tax return, include a copy of their most recent federal tax return, submitted to the IRS in the past 18 months which shows income and expenses reported to the IRS. If you are exempt from filing, based on IRS requirements, please attach a document(s) showing all annual income for the past 12 months, (for example: social security statement(s), unemployment wage summaries, W-2’s, 1099’s interest statements, Medicaid statements, etc), for each member in your household.

iCan House does not discriminate based on sex, gender, race, religion, national origin, disability, or sexual orientation.

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FOR OFFICE USE ONLY:
Date Application received ___/___/___
Person receiving application: _____
Scholarship Quarter: Q1 Q2 Q3 Q4
Scholarship Year: _____

APPLICATION FOR SCHOLARSHIP ASSISTANCE

Complete and sign the following three-part scholarship application. Submit the completed application + a copy of your most recent tax-returns by email, in person or via U.S. Mail to:

iCan House, 952 W. 4th St. Suite 205, Winston-Salem, NC 27101 or to kim@icanhouse.org

MEMBER NAME: _____ DATE: ___/___/___
iCan House PROGRAM(S): _____
APPLICATION COMPLETED BY: _____
RELATIONSHIP TO MEMBER: _____ PHONE: _____

PART 1 - BIOGRAPHICAL INFORMATION

MEMBER INFORMATION

Last Name _____ First Name _____ Middle _____
Date of Birth ___/___/___ Current Age: _____ Current Grade: _____ Gender: Male / Female / Non-binary
Preferred Name: _____ Primary Language: _____

Race/Ethnicity: (Optional)

<input type="radio"/> African American/Black	<input type="radio"/> Hispanic/Latino	<input type="radio"/> Asian	<input type="radio"/> Middle Eastern
<input type="radio"/> Pacific Island	<input type="radio"/> Native American/Alaskan	<input type="radio"/> Caucasian/White	<input type="radio"/> Other _____

Adoption Status: Not Adopted Domestic Adoption International Adoption Family Adoption Foster Care

Member Lives With: _____ Relationship to Member: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: **Forsyth**

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Email Address: _____

Primary Diagnosis: _____

Other Diagnoses: _____

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Applicant Name

PARENT/GUARDIAN INFORMATION

If the applicant is under the age of 18 or is not in possession of his or her own guardianship, the following information pertaining to the member's parents/guardians must be completed.

PARENT/GUARDIAN (A)

Last Name First Name Middle
Date of Birth / / Preferred Name:
Street Address:
City: State: Zip: County:
Email Address:
Home Phone: - - Cell Phone: - - Work Phone: - -

PARENT/GUARDIAN (B)

Last Name First Name Middle
Date of Birth / / Preferred Name:
Street Address:
City: State: Zip: County:
Email Address:
Home Phone: - - Cell Phone: - - Work Phone: - -

PART 2 - FINANCIAL INFORMATION

Applicant Name:

Complete all three parts of this financial information sheet. Then, include a copy of the most recent tax returns for each member in your household that submitted a filing to the IRS in the past 18 months. This shows income and expenses reported to the IRS. If you are exempt from filing based on IRS requirements, please attach a document(s) showing all annual income for the past 12 months, (for example: social security statement(s), unemployment wage summaries, W-2's, 1099's interest statements, Medicaid statements, etc.), for each member in your household.

YOU MUST PROVIDE A COPY OF YOUR MOST RECENT TAX FILING WITH EACH TIME YOU APPLY FOR SCHOLARSHIP

A) FINANCIAL BASICS Use the information on your most recent tax filings to fill in the responses below.

- Number of Persons in Household:
- Gross Annual Income: \$
- Gross Adjusted Annual Income \$

B) ADDITIONAL UNDECLARED INCOME

Please fill in the amounts below of income that is not included on your tax filings. Do not leave any line blank. Write in a "0" if you did not receive income in that category. Be sure to indicate whether this figure is **monthly** or **yearly** income by circling "Mo" or "Yr" on each line. If you receive money from a family member or other person throughout the year, please indicate this under "Other Income Received"

Child Support Received	\$ <input type="text"/> Mo / Yr
Alimony Received	\$ <input type="text"/> Mo / Yr
Social Security Payments Received	\$ <input type="text"/> Mo / Yr
Unemployment Benefits Received	\$ <input type="text"/> Mo / Yr
Military Allotments Received	\$ <input type="text"/> Mo / Yr
Trust Fund Payments Received	\$ <input type="text"/> Mo / Yr
Other Income Received	\$ <input type="text"/> Mo / Yr

C) CHANGE IN FINANCIAL CIRCUMSTANCES

If your CURRENT financial situation is different than your most recent IRS tax filing, (either greater than or less than your tax filing), please provide a brief statement as to WHY the change has occurred, (loss of a job, new job, medical emergency, death in the family, etc), and provide an estimate as to how much your income has changed.

- I have had no change in circumstances since my last tax filing.
- I now make \$ LESS per YEAR than my current tax filing shows
- I now make \$ MORE per YEAR than my tax filing shows

Reason for Change in Finances _____

PART 3 - QUESTIONNAIRE

Applicant Name

Complete all of the following questions to the best of your ability. Your responses will aid the scholarship committee in their decisions regarding scholarships awarded.

1. **Have you received an iCan House scholarship in the past 12 months?**

 Yes No

a. **If yes, did you use all the funds that you were awarded?**

 Yes No

For example, if you dropped out of a program mid-way through the scholarship period, you would NOT have used all your awarded funds.

Explain if you like:

2. **How would an iCan House scholarship help your family financially?**

3. **How does or will participation in iCan House programs make a difference in the well-being of this applicant?**

I have read and understand the questions in this application and declare that all statements and information are true, complete, and correct to the best of my knowledge.

Signature of Applicant or Parent / Guardian

Date

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