

Swell Events

Performing Arts Scholarship: *Financial Eligibility Form*

Complete, sign and return this application to Swell Events. Each family should fill out only 1 financial eligibility form.

1. List all students living with you that are attending school. If the student is a foster child, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. If you have written a case number for any of your children, skip to Section 4. However, if you have written a case number only for the foster child and want to apply for all students in the household, you must proceed to Section 2.

Student's Last Name	Student's First Name	MI	Foster Child?	DOB	School	Grade	Student's Income	Does the student receive Basic Food, TANF or FDPIR? If YES, you must list a case number.
							\$	
							\$	
							\$	
							\$	
							\$	

2. List the names of all other household members - Enter income and CHECK how often it is received. If you write a case number for another household member, skip to Section 4. However, if the case number is only for the foster child(ren) you must proceed to Section 3.

Names of ALL other household members (do not include names of students listed above)	Foster Child?	No Income	Earnings from work (before any deductions)	Child Support, Alimony	Pensions, Retirement, Social Security (SSI)	Any Other Income Not Already Listed	Does any household member receive Basic Food, TANF, or FDPIR? If YES, you must list a case number.

3. Total House Members (Include all people living in your household): _____

4. Signature and Social Security Number – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF/FDPIR case number is reported correctly. I understand that this information is being given for the receipt of charitable funds; that Swell Events officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to recouperation of any and all funds received.

Printed Name of Adult Household Member _____			Last 4 digits of your social security number: _____ OR, if you do not have a social security number, check here _____
Mailing Address _____	Street Address _____	Adult Household Member Signature _____	Date _____
City & Zip Code _____	Home Phone _____	Work/Cell Phone _____	Email Address _____

Privacy Act Statement: This explains how we will use the information you give us. The Swell Events Clark County Arts Scholarship Fund requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for scholarship funds. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for scholarship funds for classes in the arts within Clark County Washington. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

OFFICIAL USE ONLY (SWELL EVENTS)
DO NOT WRITE BELOW THIS LINE

Total House Hold Size: _____ Total Household Income: \$ _____

APPLICATION APPROVED: Y / N
 Scholarship Funds: Amount: \$ _____, for _____ Months
 Effective Dates: _____ to _____
 Notes (Reasons for approval or denial):

Date Notice Sent	Signature of Approving Official	Date
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