



Bell-Whitley Community Action Agency, Inc. Educational Stipend/Scholarship 2023-2024 Application Requirements

The Bell-Whitley Community Action Agency Community Services Block Grant (CSBG) Educational Scholarship will be awarded to one high school senior from each school district within Bell and Whitley County. The information listed below must be submitted with the scholarship application. Applicants must meet income eligibility guidelines to be eligible for this scholarship.

1. Complete the attached application.
2. Documentation that “household” meets the CSBG income guidelines. A copy of the guidelines is attached for your convenience. Proof of income every month may be payroll checks, award letters for government checks, or proof of income for the year may be W-2 forms or Federal Income Tax 1040 forms—copies of Social Security Cards for everyone in the household. We must know the number of family members in the household. The income of all household members must be reported.
3. Name and address of the college/trade school the student will be attending. We need written verification to verify the student has been accepted at the college/trade school the student plans to attend.
4. A short narrative (one page is sufficient) written by the applicant, which gives their ideas and opinions on how the scholarship will help them carry out their educational plans, the primary course of study chosen, and any other information that may be beneficial in helping us to give final approval to the selection.
5. This information needs to reach us by **May 1st, 2024**. This will allow time to make a final decision and confirm that all guidelines are met.



**Bell-Whitley Community Action Agency, Inc.
Educational Stipend/Scholarship
2023-2024 Application**

High School Attending: _____

Name of Applicant: _____

Social Security Number: _____

Parent (s): _____

Total number in household: _____

Address: _____

Telephone: _____

College attending: _____

I have included the following items with my application:

- _____ **Completed Application Form**
- _____ **Documentation for household income**
- _____ **Verification of acceptance from selected college/school**
- _____ **Narrative by student applicant**

I verify that all information submitted with this application is truthful, completed to the best of my knowledge, and provided in good faith.

Student's signature

Date



Applicants must fall below 200% of the Federal Poverty Guidelines. See chart below.

2023 HHS Poverty Guidelines

Household/ Family Size	<u>Per Year</u>						
	25%	50%	75%	100%	150%	200%	250%
1	\$3,645	\$7,290	\$10,935	\$14,580	\$21,870	\$29,160	\$36,450
2	\$4,930	\$9,860	\$14,790	\$19,720	\$29,580	\$39,440	\$49,300
3	\$6,215	\$12,430	\$18,645	\$24,860	\$37,290	\$49,720	\$62,150
4	\$7,500	\$15,000	\$22,500	\$30,000	\$45,000	\$60,000	\$75,000
5	\$8,785	\$17,570	\$26,355	\$35,140	\$52,710	\$70,280	\$87,850
6	\$10,070	\$20,140	\$30,210	\$40,280	\$60,420	\$80,560	\$100,700
7	\$11,355	\$22,710	\$34,065	\$45,420	\$68,130	\$90,840	\$113,550
8	\$12,640	\$25,280	\$37,920	\$50,560	\$75,840	\$101,120	\$126,400
Add for each additional person	\$1,285	\$2,570	\$3,855	\$5,140	\$7,710	\$10,280	\$12,850

This project is funded, in part, under a contract with the Cabinet for Health and Family Services with funds from the Community Services Block Grant Act of the U.S. Department of Health and Human Services.