

MAYOR'S SCHOLARSHIP PROGRAM

Application 2021 - 2022

The Mayor's Scholarship Program is designed to aid students of low and moderate-income families in the City of Pawtucket to attend college and universities, as well as vocational technical schools. This local and innovative program is funded this year through a grant from Bristol County Saving Bank and Southern Sky Renewable Energy RI. *All information provided will be kept confidential and only shared with the committee and appropriate staff members.*

Pawtucket students planning to attend an accredited public or private, vocational technical school, two year or four-year institution, is eligible to apply for this scholarship consideration provided the student's family (or if the student is self-supporting) meets the income criteria set forth below.

Applicant's Name _____ Male _____ Female _____

Address _____ Social Security No. ____/____/____

Number of years at this address ____ Date of Birth _____

Telephone # _____ Cell Phone # _____

E-Mail Address _____

Parents' Name(s) _____ Parent(s) Address _____

Guardian(s) Name _____ Address _____

Proof of residency must be submitted with application to qualify for the scholarship (i.e., lease agreement, notarized letter from landlord, etc.)

ALL SCHOLARSHIP APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:

- **COPY OF APPLICANT'S BIRTH CERTIFICATE**
- **TRANSCRIPT FROM ATTENDING HIGH SCHOOL**
- **ESSAY**

ELIGIBILITY

The student's family gross income, or the student's gross income, if he or she is not dependent on parents, must not exceed the following amount, depending on household size.

FAMILY SIZE 1 2 3 4 5 6 7 8

INCOME \$45,850 52,400 58,950 65,500 70,750 70,750 81,250 86,500

Name and Address of High School you are attending currently.

Guidance Counselor: _____

Applicant's Academic Class Rank: _____

Number of Students in Graduating Class: _____

List any clubs, organizations, extracurricular activities or part time employment in which you have participated:

Name, Address, Telephone number and Fax number of College or University or Technical and Vocational School you will be attending in September 2021.

Explain any particular family or personal circumstances you feel the Scholarship Committee should be aware of:

I hereby affirm that the information contained herein is true and accurate.

Parent (s) Signature _____ Date _____

Applicants
Signature _____ Date _____

Application deadline: May 28, 2021

Return completed application to:

YOUR GUIDANCE COUNSELOR

The Mayor's Scholarship Committee is asking that each candidate to write an essay, submit a 500-word maximum essay along with your scholarship application on the following topic.

Please describe how the Covid-19 mandated distance learning has affected you in your last semester of High School.

RELEASE AUTHORIZATION FOR FINANCIAL INFORMATION

I (we) the undersigned understand in applying for this scholarship, it is necessary that appropriate financial information be obtained. I (we) hereby authorize the Rhode Island Higher Education Assistance Authority to release **FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)** information to the City of Pawtucket Department of Planning and Redevelopment.

Applicant _____ Date _____

Parent _____ Date _____

Guardian _____ Date _____

SCHOLARSHIP PROGRAM RULES AND PROCEDURES

The Mayor's Scholarship Program is funded through a grant from Bristol County Saving Bank and Southern Sky Renewable Energy RI. Grants under this program must primarily benefit low and moderate-income persons and families. Thus, the city must make awards based on family income limits set by H.U.D. Because the grant is made to Pawtucket to benefit residents of this City, scholarship recipients must be and remain legal residents of the City of Pawtucket. Funding for the scholarship is based on the City of Pawtucket Receiving these Funds. Funds are limited.

- Students admitted into a two-year program are eligible to receive \$500 per year, for a total scholarship of \$1,000.00 funds may only be applied to the **tuition portion** of the college expense.
- Students admitted into a four-year program are eligible to receive \$1,000 per year, for a total scholarship of \$4,000.00 funds may only be applied to the **tuition portion** of the college expense.

CHECKS ARE MADE PAYABLE TO BOTH THE RECIPIENT AND THE SCHOOL

One check and only one check will be issued and sent to your school for each academic year. For the 2020-2021 school year, checks will be mailed to your school sometime the end of November for all sophomores, juniors and seniors. It is your responsibility to go to the financial aid office for the purpose of endorsing the check over to the school. Scholarship funds are to be credited only toward tuition. Checks for freshmen will be mailed to the school in January of the year following matriculation. Freshmen checks will not be mailed until the month of January after the City of Pawtucket Department of Planning and Redevelopment has received a first semester transcript.

To remain eligible, all returning students must submit semester grades and a renewal form to the City of Pawtucket Department of Planning and Redevelopment office prior to the June 15th of the that precedes the upcoming school year. Renewal forms will be mailed out from Department of Planning and Redevelopment Office in May.

To be renewed, you must:

- Be a legal resident of Pawtucket. Standard identification with a Pawtucket address will suffice.
In the case of students living out of town or out of state at school a Pawtucket voting registration will constitute residence.
- You must be in good standing at the school and have maintained a minimum 2.0 cumulative average. Semester grades must be submitted to the Department of Planning and Redevelopment
- Your family income must remain within the limits set by the U.S. Department of Housing and Urban Development.

PLEASE NOTE: NO SCHOLARSHIP CHECK WILL BE ISSUED IN EITHER AUGUST OR JANUARY UNTIL THE DEPARTMENT OF PLANNING AND REDEVELOPMENT OFFICE HAS RECEIVED SEMESTER GRADE REPORTS AND, WHERE APPLICABLE, A RENEWAL FORM.

For good cause, a student will be granted up to two (2) semesters' leave of absence, in any one (1) full year. Such a request must be made to the Department of Planning and Redevelopment office along with appropriate evidence that the college or university has granted the leave.

FAILURE TO OBSERVE ALL RULES CAN LEAD TO FORFEITURE OF AID.

Income eligibility is determined by the Rhode Island Higher Education Assistance Authority and the City of Pawtucket. **Effective June 28, 2019**



CITY OF PAWTUCKET, CDBG Program

Self-Certification Form—2019 (effective June 28, 2019)

Revised June 28, 2019

Program or Activity _____

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then **CHECK THE BOX** that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size (for example if there are 4 people in your household, go to HH of 4; if there are 8 or more in your household go to HH of 8):

HH of 1:	<input type="checkbox"/> \$0 - \$17,200	<input type="checkbox"/> \$17,201 - \$28,700	<input type="checkbox"/> \$28,701 - \$45,850	<input type="checkbox"/> \$45,851+
HH of 2:	<input type="checkbox"/> \$0 - \$19,650	<input type="checkbox"/> \$19,651 - \$32,800	<input type="checkbox"/> \$32,801 - \$52,400	<input type="checkbox"/> \$52,401+
HH of 3:	<input type="checkbox"/> \$0 - \$22,100	<input type="checkbox"/> \$22,101 - \$36,900	<input type="checkbox"/> \$36,901 - \$58,950	<input type="checkbox"/> \$58,951+
HH of 4:	<input type="checkbox"/> \$0 - \$24,550	<input type="checkbox"/> \$24,551 - \$40,950	<input type="checkbox"/> \$40,951 - \$65,500	<input type="checkbox"/> \$65,501+
HH of 5:	<input type="checkbox"/> \$0 - \$26,550	<input type="checkbox"/> \$26,551 - \$44,250	<input type="checkbox"/> \$44,251 - \$70,750	<input type="checkbox"/> \$70,751+
HH of 6:	<input type="checkbox"/> \$0 - \$28,500	<input type="checkbox"/> \$28,501 - \$47,550	<input type="checkbox"/> \$47,551 - \$76,000	<input type="checkbox"/> \$76,001+
HH of 7:	<input type="checkbox"/> \$0 - \$30,450	<input type="checkbox"/> \$30,451 - \$50,800	<input type="checkbox"/> \$50,801 - \$81,250	<input type="checkbox"/> \$81,251+
HH of 8:	<input type="checkbox"/> \$0 - \$32,450	<input type="checkbox"/> \$32,451 - \$54,100	<input type="checkbox"/> \$54,101 - \$86,500	<input type="checkbox"/> \$86,501+

Ethnicity (select one only): Hispanic or Latino Not Hispanic or Latino

Race: (select one)

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Asian & White	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American

Other: (Select all that apply) Senior Handicapped or Disabled
 Female Head of Household Minor (up to age 18)

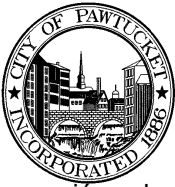
APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Pawtucket, or the U.S. Department of Housing & Urban Development. If necessary, I will provide the information required to verify this data (e.g., pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Applicants' Signature _____ *Typed or Printed Name* Date: _____

Address: _____ Zip: _____

If client is below 18 years of age, parent or legal guardian must verify income and sign form.
 Signature of Parent/Legal Guardian: _____ Date: _____

This information will be kept confidential and used for HUD monitoring purposes only.



CIUDAD DE PAWTUCKET, Programa CDBG

Forma de Auto-Certificación-2019 (A partir del 1 de junio de 2018)

Revisado el 28 de junio de 2019

Programa o Actividad _____

Información sobre el ingreso anual de la familia y raza se requiere para determinar la elegibilidad para servicios públicos financiados con fondos federales de Community Development Block Grant (CDBG). Cada participante debe indicar el número de personas en su casa, y luego **VERIFICAR LA CAJA** que contiene el monto del ingreso familiar anual.

INGRESO se define como el ingreso anual total de todos los miembros de la familia y miembros no familiares de 18+ años que viven en el hogar. Todas las fuentes de ingresos deben contarse de todas las personas del hogar según los ingresos anticipados que se esperan dentro de los próximos 12 meses.

Por favor verifique su Rango de Ingresos según el tamaño de su familia (por ejemplo, si hay 4 personas en su hogar, vaya a H de 4; si hay 8 o más en su hogar, vaya a H de 8):

H de 1:	<input type="checkbox"/> \$0 - \$17,200	<input type="checkbox"/> \$17,201 - \$28,700	<input type="checkbox"/> \$28,701 - \$45,850	<input type="checkbox"/> \$45,851+
H de 2:	<input type="checkbox"/> \$0 - \$19,650	<input type="checkbox"/> \$19,651 - \$32,800	<input type="checkbox"/> \$32,801 - \$52,400	<input type="checkbox"/> \$52,401+
H de 3:	<input type="checkbox"/> \$0 - \$22,100	<input type="checkbox"/> \$22,101 - \$36,900	<input type="checkbox"/> \$36,901 - \$58,950	<input type="checkbox"/> \$58,951+
H de 4:	<input type="checkbox"/> \$0 - \$24,550	<input type="checkbox"/> \$24,551 - \$40,950	<input type="checkbox"/> \$40,951 - \$65,500	<input type="checkbox"/> \$65,501+
H de 5:	<input type="checkbox"/> \$0 - \$26,550	<input type="checkbox"/> \$26,551 - \$44,250	<input type="checkbox"/> \$44,251 - \$70,750	<input type="checkbox"/> \$70,751+
H de 6:	<input type="checkbox"/> \$0 - \$28,500	<input type="checkbox"/> \$28,501 - \$47,550	<input type="checkbox"/> \$47,551 - \$76,000	<input type="checkbox"/> \$76,001+
H de 7:	<input type="checkbox"/> \$0 - \$30,450	<input type="checkbox"/> \$30,451 - \$50,800	<input type="checkbox"/> \$50,801 - \$81,250	<input type="checkbox"/> \$81,251+
H de 8:	<input type="checkbox"/> \$0 - \$32,450	<input type="checkbox"/> \$32,451 - \$54,100	<input type="checkbox"/> \$54,101 - \$86,500	<input type="checkbox"/> \$86,501+

Origen Étnico (seleccione solo uno): Hispano o Latino No Hispano o Latino

Raza: (seleccione una)

<input type="checkbox"/> Blanco	<input type="checkbox"/> Negro/Afroamericano
<input type="checkbox"/> Asiático	<input type="checkbox"/> Indio Americano o Nativo de Alaska
<input type="checkbox"/> Nativo de Hawái u otra Isla del Pacífico	<input type="checkbox"/> Otra Raza Múltiple
<input type="checkbox"/> Negro/Afroamericano y Blanco	<input type="checkbox"/> Indio Americano/Nativo de Alaska y Blanco
<input type="checkbox"/> Asiático y Blanco	<input type="checkbox"/> Indio Americano/Nativo de Alaska y Negro/Afroamericano

Otro: (Seleccione todos los que aplican) Mayor de edad Discapacitado
 Mujer encargada de Casa Menor (hasta la edad de 18)

DECLARACIÓN DEL SOLICITANTE: Certifico que la información en este formulario es precisa y completa. Entiendo que esta auto certificación puede estar sujeta a una verificación adicional por parte de la agencia que brinda los servicios, la Ciudad de Pawtucket o el Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD). Si es necesario, proveeré la información requerida para verificar estos datos (Ejemplo, recibos de pago, estados de cuenta de banco, etc.). Por lo tanto, autorizo esta verificación y, si es necesario, proveeré documentos de respaldo.

ADVERTENCIA: El Título 18, Sección 1001 del Código de los Estados Unidos establece que una persona es culpable de un delito por realizar declaraciones falsas o fraudulentas con intención y voluntariamente ante cualquier departamento del Gobierno de los Estados Unidos.

Firma del Solicitante

Nombre Escrito

Fecha: _____

Dirección: _____ Código: _____

Si el cliente es menor de 18 años, el padre o guardián legal debe verificar los ingresos y firmar el formulario.

Firma del Padre/Guardián legal: _____ Fecha: _____

Esta información se mantendrá confidencial y se usará solo para fines de monitoreo de HUD.