

Crosswalk Community Action Agency

Scholarship Program

When filling out your scholarship application, here are a few things to remember...

- Application must be filled out in **ink**.
- Application must be **completed, printed, and legible**.
- **ALL GROSS** household income must be reported, 30 days total, and we cannot accept income tax returns as proof of income.
- You must be a full-time student to receive a scholarship.
- We do not cover back tuition.
- Scholarship cannot be used for graduate school.
- You cannot have been a recipient of more than two scholarships from Crosswalk CAA.
- **CURRENT EMAIL ADDRESS IS VERY IMPORTANT, AS I DO MOST OF MY COMMUNICATION THROUGH EMAIL.**

****Please note: If you have more family members than the application allows, please make additional copies of the **FAMILY MEMBER INFORMATION** page and add them to your application. All family members living in your household must be reported on the application.

Thank you.

CSBG 2026 Income Guidelines

Family Size	200% 30-Day Income
1	\$2,660
2	\$3,607
3	\$4,553
4	\$5,500
5	\$6,447
6	\$7,393
7	\$8,340
8	\$9,287

For HH with more than 8 Members, add \$916 for each additional person.

Checklist for Scholarship Application

_____ Application is **neatly and completely** filled out in ink.

_____ A counselor, principal, or school official completes school information.

_____ Photo ID

_____ Proof of Address

_____ Proof of 30-day gross income for **ALL** household members 18 years of age or older.

****Applications will not be considered if they are not completed in full and the requested documentation is not turned in.

For CCAA Use Only

Student: _____

_____ Approved

_____ Denied

_____ Amount Awarded \$ _____

_____ Tuition and Fees Statement received Date: _____

_____ Copy of Check Request Date: _____

_____ Final Grades Received Date: _____



CSBG SCHOLARSHIP APPLICATION

STUDENT DEMOGRAPHICS:

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____
 Address: _____ Phone Number: (____) _____ - _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Age: _____ Gender: _____ Phone Number: (____) _____ - _____ Primary Language: _____ Email: _____
 Alternate Contact: _____ Relationship: _____ Phone: (____) _____ - _____

Race (check all that apply)

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Other
- White
- Multi-Race

Are you (check all that apply)

- Hispanic or Latino
- Disabled
- Unable to Work Reason: _____
- Farmer Seasonal Migrant
- Veteran
- Under the age of 18 and Emancipated

Education

- 0-8 Grade
- 9-12/Non Graduate
- High School Grad/GED
- 12+ Some Post Secondary
- 2 or 4 Years College Grad
- Grad or Other Post-Sec School

Other (Check all that apply)

- Foodstamps Amt per Month \$ _____
- Medicare/Medicaid
- WIC
- Health Insurance
- Entitled to Child Support
- AllKids

ARE YOU EMPLOYED? Yes No

Employer: _____ Supervisor: _____

Start Date: ____/____/____ End Date: ____/____/____

Income Frequency: weekly bi-weekly monthly other: _____ explain: _____

Income Sources: AABD, Alimony, Child Support, Employment, General Assistance, Interest Payments, Other Wages, Pension, SSA, SSDI, SSI, TANF, Unemployment, VA Benefits, Workers' Comp

Income Source (choose from above)	Frequency	Amount
Other Income:		

COLLEGE INFORMATION:

	Yes/No	Amount
Are you applying for or receiving state or federal grants?	_____	\$ _____
Additional Scholarships?	_____	\$ _____
Will you receive any other monetary assistance?	_____	\$ _____

Name of college you are planning on or attending now:

College

Planned Major

State your reasons in 100 words or less why you are applying for this scholarship:

TO BE COMPLETED BY COUNSELOR, PRINCIPAL, OR OTHER SCHOOL OFFICIAL:

A. ACT Composite Score: _____

SAT Composite Score: _____

B. Class Rank

Rank: _____ Class Size: _____

GPA: _____

C. Signature of School Official: _____ Date: ____/____/____

Title: _____

School: _____

County: _____

Telephone: (____) _____ - _____

FAMILY MEMBER DEMOGRAPHICS:

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____
 Address: _____ Phone Number: (____) _____-_____
 City: _____ State: _____ Zip Code: _____ County: _____
 Age: _____ Gender: _____ Phone Number: (____) _____-_____
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Income Source	Frequency	Amount
Other Income:		

LIST ALL CHILDREN IN THE HOUSEHOLD:

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Race: _____ Primary Language: _____ Education Level: _____

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Race: _____ Primary Language: _____ Education Level: _____

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Race: _____ Primary Language: _____ Education Level: _____

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Race: _____ Primary Language: _____ Education Level: _____

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Race: _____ Primary Language: _____ Education Level: _____

First Name: _____ Middle: _____ Last: _____ Social Sec Number: _____ Date of Birth: ____/____/____

Age: _____ Gender: _____ Race: _____ Primary Language: _____ Education Level: _____

HOUSEHOLD INFORMATION:

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME FOR PREVIOUS 30 DAYS \$ _____

(Must provide proof of income)

	Yes	No				
Health Insurance	___	___				
Medicaid	___	___				
Medicare	___	___				
Unknown	___	___				
LIHEAP Assistance	___	___	Eligible _____	Not Eligible _____	Referred _____	
LINK/SNAP	___	___	Monthly Amount Received: \$ _____		Referred _____	

FAMILY TYPE

___	Single	___	Non Parent Adult(s) w/children
___	Single Parent	___	Other: _____
___	2 Adults No Children		
___	2 Parent Family		

HOUSING TYPE

___	Own	___	Group Home
___	Rent	___	Homeless Unsheltered
___	Subsidized Rent	___	Homeless Shelter
___	Institutional	___	Other: _____

DWELLING TYPE

___	Single-Family			
___	Multiple Units	# of units: ___ 2-4	___ 5-10	___ 11 or more
___	Mobile Home			
___	Single Room Occupancy			
___	Other: _____			

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

Application Statement: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and my signature; I authorize the release of such information as may be required for the determination of my eligibility. In addition, I am aware that if the application is found fraudulent, the scholarship must be repaid.

_____ /_____/_____
Applicants Signature Date

_____ /_____/_____
Intake Workers Signature Date

**CROSSWALK COMMUNITY ACTION AGENCY
SCHOLARSHIP CONFIDENTIALITY AGREEMENT**

I agree and give my permission to the institution that I attend that if awarded a scholarship from Crosswalk Community Action Agency that my grades will be forwarded at the end of the semester directly to Crosswalk Community Action Agency.

_____ /_____/_____
Applicants Signature Date