**Student Application**

**Rochester Children’s Scholarship Fund, Inc**

131 West Broad Street

Rochester, NY 14614

www.rcsf.info Telephone no. 585.262.8783

The following items MUST be submitted to be considered for this program.

PLEASE READ AND SUBMIT REQUIRED DOCUMENTS.

ONLY COMPLETED APPLICATIONS WILL BE REVIEWED.

Submitted information will not be returned to you.

1. A completed application along with required documentation.
2. Financial Information—Current I.R.S. statement. Submit ONLY the couple of pages listing your name and address along with total wages and your student listed as a dependent. Please send ONLY COPIES since information will not be returned. BLACK OUT SOCIAL SECURITY NUMBERS.

State Income Tax Will NOT be Accepted instead of Federal I.R.S.

1. Submit DSS or Social Security Information if you do not file income tax.
2. Sign Release Form.
3. Attached most recent report card. It may be the one from the previous school year.
4. Send the completed application along with required documents to the address listed on the application.

This is a competitive program with a limited number of available openings.

ALL COMPLETED APPLICATIONS WILL BE REVIEWED BASED UPOB THE DATE THAT THE COMPLETED APPLICATION WAS RECEIVED.

Call the office with questions---585 262 8783.

**Student Application 20223 - 2024**

**Rochester Children’s Scholarship Fund, Inc**

131 West Broad Street Rochester, NY 14614www.rcsf.info Telephone no. 585.262.8783

**CURRENT School Name (September, 2023) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_**

**LAST YEAR’S School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONGRATULATIONS! Your GPA for the last 2 marking periods has been at least 3.25, thereby meeting the academic eligibility criterion for a financial incentive from RCSF. Check with your family to see if you meet the income eligibility criterion in the table below.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family Members | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Income | $31,284 | $39,481 | $47, 838 | $55,715 | $63,992 | $72,189 | $80,348 | $88,525 |

If you do meet the criterion, complete this application and attach **one** of the following materials:

1. Parent/Guardian’s **I.R.S. Income Tax** for the most recent year– Attach a COPY
2. Department of Social Services Report (Budget Sheet) OR have your caseworker complete the verification form included in this application (See page 5).

**\*\* ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED AND REVIEWED WITH THE REQUIRED DOCUMENTATION.**

**\*\*Acceptance into the program will provide a stipend each marking period.**

**PLEASE PRINT IN BLACK INK. THANK YOU.**

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_`\_\_\_\_E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Representative’s Recommendation:** (Have someone who knows you well complete this section.)

Does this student have behavior, attendance, punctuality, and/or other citizenship problems? \_\_\_\_\_\_\_No \_\_\_\_\_Yes (Please explain and add any additional comments necessary.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**School Representative’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Rochester Children’s Scholarship Fund, Inc. (RCSF)**

**Rochester Children’s Scholarship Fund, Inc. (RCSF)**

**Student Application**

**ALL FINANCIAL INFORMATION IS STRICTLY CONFIDENTIAL.**

Parent/Guardian: Please complete this information to assist us in determining your child’s financial eligibility.

List each household member being supported by parent/guardian:

Full Name Age Relationship

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name\_\_\_

2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT NAME – NO Age Required

9\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT NAME – NO Age Required

**Yearly Income:** $\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Income Information:**

1. Child Support\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Social Security Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Veteran’s Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other (Please specify :)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain any unusual circumstances affecting your financial status; for example, recent change in job status, income, marital status, addition of foster child, etc.

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I hereby certify that all of the information stated is true and correct to the best of my knowledge and belief.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian

Return application and income verification documentation as listed on page 1 to your guidance counselor or directly to:

RCSF

131 West Broad Street

Rochester, New Yo

**Rochester Children’s Scholarship Fund, Inc. (RCSF)**

**Student Application**

**Consent to Release Form for Scholastic and Financial Information**

The undersigned student and parent/guardian hereby apply for this scholarship, to be provided by the Rochester Children’s Scholarship Fund, Inc. and pursuant to the application hereby authorize the said Rochester Children’s Scholarship Fund, Inc. and/or their representative to review any and all scholastic and financial records for the student listed below.

**Consent to Release Name/Photo for Advertising and Publicity**

The undersigned student and parent/guardian hereby also consent to the use of the student’s name and photograph for advertising or publicity purposes related to the Rochester Children’s Scholarship Fund, Inc.

Student’s Name

(Please print)

**SIGNATURES**

**Student’s** Signature **Parent/Guardian** Signature

Date July 1, 2023

BEST TELEPHONE NUMBER:

**Rochester Children’s Scholarship Fund, Inc. (RCSF)**

**Student Application**

**Department of Social Services Verification Form**

**Student and Parent:** Complete Section A and forward to the Department of Social Services, OR the Social Security Disabilities Benefits Office. Return this form with your application.

**SECTION A – To Be Completed by Parent/Guardian**

I authorize the Department of Social Services and/or Social Security Disabilities Benefits to release financial information to the Rochester Children’s Scholarship Fund, Inc. This information will be used solely for determining financial eligibility for scholarship.

Student’s Name

Parent/Guardian Signature

Name of person receiving benefits Case No.

**SECTION B –To Be Completed by the Department of Social Services or the Social Security Disabilities Benefits Office.**

1. Financial MONTHLY Amount $ Program Name
2. Additional sources and amounts of family income:

A. Veteran’s Benefits $ per month.

B. Worker’s Compensation $ per month.

C. Other (Specify) $ per month.

3. Additional Information. (e.g., benefit termination, child support)

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Form Completed By:

Name Title

Signature Date

Office Location Telephone

Address

**Please return completed form to:**

**RCSF**

**131 West Broad Street**

**Rochester NY 14614**

**OR**

**Email:** [**rcsf@rcsdk12.org**](mailto:rcsf@rcsdk12.org) **Telephone No 585.262.8783**