



Scholarship Application Form

Project HOPE is part of the Health Profession Opportunity Grant (HPOG) program, a demonstration project funded by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS).

Eligibility Requirements

Scholarships are available to members of FI (TANF) families, and qualifying low income individuals who are at least 200% of the poverty level or below, including SNAP recipients, US Veterans, and Catawba Indians.

Indicate how you qualify to apply for this scholarship:

I Receive: SNAP Family Independence (TANF) Medicaid Foster Care

Low Income (verification required)

Household Information

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex M/F</u>	<u>Social Security Number</u>	<u>US Citizen</u>	<u>Vete-ran</u>	<u>Cataw-ba Indian</u>	<u>Work Y/N</u>
	Applicant								

Address _____ City _____ County _____ Zip _____

Home Telephone _____ Cell _____ Email _____

Emergency Contact Name / Telephone # _____

Household Income:

Is anyone in your household working? ___ Yes ___ No

If Yes, who is working? _____

<u>Name of person working</u>	<u>Name of person working</u>
<u>Name and address of employer</u>	<u>Name and address of employer</u>
<u>Telephone and fax # of employer</u>	<u>Telephone and fax # of employer</u>
<u>Amount Each Pay Period Before Taxes:</u> \$ _____ ___ Weekly ___ Every 2 Weeks ___ Twice a month ___ Monthly Hours worked per week: _____	<u>Amount Each Pay Period Before Taxes:</u> \$ _____ ___ Weekly ___ Every 2 Weeks ___ Twice a month ___ Monthly Hours worked per week: _____

Do you or anyone in your household receive money from any other sources? ___ Yes ___ No

If yes, please complete the section below.

OTHER INCOME	AMOUNT	HOW OFTEN DO YOU GET THIS INCOME?	WHICH FAMILY MEMBER?
Child Support			
SSI			
Social Security Benefits			
Unemployment Benefits			
Veterans Benefits			
Retirement/Pensions			
Other			

Other Personal Information

Help us to get to know you better and understand your situation. Please answer the following questions:

Do you possess a valid driver's license? Yes No If yes, provide state and number _____

Expiration date _____

Can you submit proof of your legal right to work in the United States? Yes No Date of birth _____

Are you willing to relocate? Yes No If yes, provide counties _____

What types of work will you accept? (Circle all that apply) Full Time Part time

What shifts are you available to work? (Circle all that apply) Day Evening Night Rotating Weekends

During the past year, was childcare or lack of childcare, such a problem that you could not take a job, had to stop working, or could not attend education or training activities? Yes No

If yes, please explain _____

Have you ever been arrested? Yes No If yes, please explain (this will not automatically disqualify you)

Do you have any upcoming court dates? Yes No If yes, please list dates _____

Have you ever used drugs, including marijuana? Yes No Please note that we require drug testing for entrance into our program. You are also required to pass a drug test in order to enter certain classes within the technical colleges. You are also required to pass a background check. Is there anything on your record that could be considered a problem? Yes No. If yes, please explain _____

Educational Background

Check one: HS Graduate GED No GED

Do you need GED assistance? Yes No If no, what is your anticipated testing date _____

High School Name _____ Location _____ Graduation year _____

Have you attended any Undergraduate College or University? Yes No Years _____

Name of College or University _____ Graduate School _____

Degrees Attained _____

Do you owe money to any school? _____ If so, which one? _____

Have you attended any Continuing Education classes or received any Continuing Ed Certifications?

Yes No If so, please give details _____ Online courses? _____

Is there anything about your health that presents a challenge for you to participate in school?

Yes No If yes, please explain _____

Work History or Volunteer Experience

Employer: _____

Job Title: _____

Address: _____

From: ___/___/___ To: ___/___/___ Hours Per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for leaving _____

Employer: _____

Job Title: _____

Address: _____

From: ___/___/___ To: ___/___/___ Hours Per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for leaving _____

Employer: _____

Job Title: _____

Address: _____

From: ___/___/___ To: ___/___/___ Hours Per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for leaving _____

I certify that the information I have provided in this application is true and correct. I further acknowledge that I have read and understand that even if otherwise eligible, as stated in the shaded section above, my acceptance into this program is not guaranteed. I understand that I will be required to pass a drug test and submit information needed for background screening in order to be considered for Project Hope.

Signature _____ Date _____

Authority to Release Information:

By my signature I consent to the release of information to authorized officers, agents, and employees of the State of SC which may include but not limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; including military service; law enforcement records; and any personal record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my scholarship application.

Signature _____ Date _____

Give the name, address, and phone number of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Required Verification:

US Veteran status / DD214 Income verification Medicaid Verification School transcript or copy of your GED

These items MUST be submitted with the application in order for your application to be processed.

Thank you for applying for the Project HOPE scholarship. Please mail your application and attachments to the following address:

South Carolina DSS / Project HOPE

PO Box 1520

Columbia, SC 29202-1502

If you have any further questions please contact us at 803-898-9090. We look forward to serving you!

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HPOG is a study funded by the federal government which is being conducted to determine how these training opportunities help people improve their skills and find better jobs. During the study, all new eligible applicants will be selected by lottery to participate in these training opportunities. Not all eligible applicants will be selected to participate in these opportunities.