



AHM Scholarship Fund Application

AHM Youth and Family Services, Incorporated provides on a limited basis, and at its sole discretion, financial assistance to individuals from the communities of Andover, Columbia, Hebron, and Marlborough for the following purposes:

- (1) To provide financial assistance to young people seeking positive youth development opportunities such as attending various AHM programs, youth camps, educational sessions, and summer youth theater in order to create a supportive and caring environment through which they may reach maximum potential as members of society.
- (2) To provide financial assistance to individuals (other than AHM staff, employees, their spouses and children) seeking to pursue training and education in the field of mental health.
- (3) To provide financial assistance to students seeking educational experiences which represent the values and character that will lead to positive youth development and improved mental health.

Please provide the following confidential information, which will be reviewed by AHM to determine what amount, if any, can be used to support this request. You are asked to provide financial documentation of need, which will be treated with the utmost confidentiality by the staff at AHM. Please note that it is rare to award a full scholarship for the cost of a program or activity. When considering the amount of a request, please list the amount that you can afford to match.

Name of referring AHM staff member: _____

Date: _____ Amount of Request: \$ _____ The amount that you can afford to match is: \$ _____
(Do not leave blank) (A family contribution is required)

Name of Family Member Requesting Scholarship: _____

Relationship to Recipient: _____ Phone: _____

Address: _____ Town of Residence: _____

Name of Scholarship Intended Recipient: _____ Age: _____

School and Grade: _____

- **PLEASE ATTACH A COPY OF THE INVOICE OR BILL:
(AN INVOICE MUST BE ATTACHED IN ORDER TO BE ELIGIBLE FOR SCHOLARSHIP)**

Information on Service Provider is required: (Scholarship Awards are payable to the Service Provider)

Name of Service Provider: _____ Contact Person: _____

Address of Provider: _____ Phone#: _____

Have you applied for an AHM Scholarship before? Yes ___ or No ___ When: _____

For what program and/or purpose: _____

Besides AHM what other scholarship have you applied for? _____

Name of Organization: _____

Purpose for which the current scholarship will be used:

Describe any circumstances or catastrophic circumstances that AHM should take into consideration when reviewing this application.

How will this scholarship benefit the recipient?

AHM INCOME VERIFICATION FORM

(Copies of all required documentations must be attached in order for application to be considered)

1. Last Name of Parent or Guardian:	First Name:	Middle Initial:
2. Last Name of Parent of Guardian:	First Name:	Middle Initial:
Address:	Town:	County:

Size of Household:

Total No. of Individuals in Household:	No. of Adults:	No. of Children:
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Annual Combined Family Income:

(*See below for required documents that must be submitted with this application.)

Head of Household: Male _____ Female _____	\$	Marital Status: _____	
Spouse:	\$		
Alimony:	\$	Total Allowable Deductions to Income:	\$
Other: Specify:	\$		
Total Family Income:	\$	Total Family Income After Deductions:	\$

-----STATE OF CONNECTICUT HOUSEHOLD MEDIAN INCOME LIMITS AS OF 2-12-14-----

	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Hartford County: Marlborough	30% of Median	\$18,420.00	\$21,060.00	\$23,700.00	\$26,310.00	\$28,840.00	\$30,540.00	\$32,640.00	\$34,740.00
Tolland County: Andover/Hebron/ Columbia:	VERY LOW INCOME	\$30,700.00	\$35,100.00	\$39,500.00	\$43,850.00	\$47,400.00	\$50,900.00	\$54,400.00	\$57,800.00
FY 2014	LOW- INCOME	\$45,500.00	\$52,000.00	\$58,500.00	\$65,000.00	\$70,200.00	\$75,400.00	\$80,600.00	\$85,800.00

***Types of Documents to be Submitted per Household Member:**

<input type="checkbox"/> 1040 Form <u>(Required)</u>	<input type="checkbox"/> Pension Check <u>(Required)</u>	<input type="checkbox"/> SS Documentation <u>(Required)</u>	<input type="checkbox"/> Most Recent Payroll Check <u>(Required)</u>
<input type="checkbox"/> Child Support <u>(Required)</u>	<input type="checkbox"/> AFDC Check <u>(Required)</u>	<input type="checkbox"/> Employer Verification <u>(Required)</u>	<input type="checkbox"/> Self-Verification <u>(Required)</u>
<input type="checkbox"/> Section 8 Certification <u>(Required)</u>	<input type="checkbox"/> Unemployment Compensation <u>(Required)</u>	<input type="checkbox"/> State of CT –Conn. Card <u>(Required)</u>	<input type="checkbox"/> Other _____

For AHM Office Use Only:

Comment received from referring AHM staff member: Yes or No

This request has been: (approved) or (denied) by: _____,

Executive Director of AHM Youth and Family Services, Inc. on _____, 20_____.

Fill in only if approved: The amount of the scholarship is: \$_____.