

## Connections Scholarship Application



<b>Please check Yes or No to each question:</b>	<b>Yes</b>	<b>No</b>
1. Does the individual who wants to attend Connections have a <b>monthly</b> income (SSI, SSDI, currently a beneficiary to an annuity or trust, etc.) that exceeds \$600?		
2. Does the individual who wants to attend Connections receive any publicly funded supports (NC Innovations, CAP-DA, Medicaid Waiver, etc.)?		
3. Does the individual who wants to attend Connections live in a licensed group home?		
4. Is the Individual who wants to attend Connections a beneficiary of an annuity or trust, etc.?		

If the answer to questions one through four are no, the individual qualifies for a scholarship. Please fill out the following information and then use the equation at the bottom of the form to determine maximum amount of Scholarship funds that may be available.

If any answer to questions one through three is yes, the individual does not qualify for a scholarship. If the answer to question four is yes, more information will be needed to determine if the individual qualifies for a scholarship.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Formula for determining maximum amount of Scholarship funds that may be available:

**Example** Monthly income \$500.00  
   - 400.00 (income exclusion)  
   \$100.00 Maximum Scholarship

**Actual** Monthly income \$ \_\_\_\_\_  
   - 400.00 (income exclusion)  
   \$ \_\_\_\_\_ Maximum Scholarship funds available

The above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application to 1576 Kelly Dr Sanford NC 27330 or fax 919.774.7711**