



2022 Community Action Board Scholarship

Achieving a higher education is an important life choice for young people and their families. That is why, through a collaborative effort, Hillsborough County Department of Social Services and Hillsborough County Community Action Board (CAB) are committed to doing our part to help eligible Hillsborough County students reach this milestone by offering scholarships up to the amount of \$5000. The Community Services Block Grant funds the scholarship program. The number of scholarships awarded, and the amount awarded depends on grant funding availability.

The 2022 Community Action Board Scholarship **deadline is Friday, April 15, 2022.**

Requirements for Scholarships

- Graduating high school students, GED recipients, post-secondary institution students pursuing an associate degree, undergraduate bachelor's degree, or specialty degree from an accredited institution. Post-graduate students do not qualify for this scholarship.
- Applicants must have plans to attend an accredited post-secondary college intuition in Fall 2022.
- Provide a completed application with all requirements requested. Applications and will not be accepted after the deadline.
- Must submit application on or before deadline. **Applications may be awarded to eligible students, with all required documentation, on a first-come, first-serve basis, including submission of Fall 2022 Enrollment Letters.**
- Applicants must be a resident of Hillsborough County.
- Applicant's household income must fall within 200% of the Federal Poverty Guidelines established for the Community Service Block Grant (CSBG) mandated requirements. (See below).

***Income eligibility guidelines may change dependent on grant requirement, and eligibility determination will be based on those changes.**

People in the Household	Income May Not Exceed
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

Requirements for Scholarship (continued)

- Community Service and School Involvement: If applicable, the amount of community service hours completed, and any special awards and honors received. Complete on the General Information Form which is provided in this application package.
- Letters of Recommendation: Recommendations from the principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean may be considered. References are to complete the Recommendation Form which is provided in this application package.
- Academic Record: Eligible applicants must provide official transcripts and have a minimum GPA of a 2.0.
- College Enrollment Letter for Fall 2022 Classes: Submission deadline for Fall 2022 Enrollment Letters is **May 17, 2022, no exceptions to the deadline for enrollment letters. Application is not approved until receipt of the enrollment letter.**
- Essay Statement: Eligible applicants must address all essay requirement listed below, selecting the essay group that aligns to current degree pursuit. Essays must be a full page, two (2) page limit, with 1-inch margins and typed in 12-point standard font (Times New Roman or Arial).

Group 1: High School/GED Students (Applicants starting first year in college)

- ✓ Why should you be selected for the award?
- ✓ What are your academic strengths and weaknesses?
- ✓ What are your career goals?
- ✓ What extenuating circumstances might prevent you from entering college?
- ✓ Please include anything else that you would like to share with the scholarship review committee.

Group 2: Currently college enrolled applicants (pursuing second year or above in undergraduate studies)

- ✓ Describe your most meaningful achievements since you entered in college and how they relate to your field of study and your future career goals.
 - ✓ How has this scholarship help meet your financial needs while pursuing your post-secondary education?
 - ✓ What are your non-financial needs while pursuing your college education goals?
 - ✓ Please include anything else that you would like to share with the scholarship review committee.
- Complete the following forms and submit with application:
 - ✓ General Information Form
 - ✓ Customer Case Set-Up Worksheet
 - ✓ Self-Declaration Income Form (If an adult household member has no income or receives other non-traditional sources of income listed on the form.
 - ✓ Photo Talent and Release Form

○ Provide the following documents with your application:

✓ **Identification (Current) (Exemption: If not available, no ID is required for newborns within 60 days of birth)**

Adults: Driver's license or State ID; Immigration verification (green card); Military Photo ID; VA Identification card with DD214; Passport; Certificate of Naturalization; Permanent Resident Verification or Employment Authorization Card.

Minors: Driver's License or State ID; Immigration verification (green card); Birth certificate; Immunization records, with government seal or letterhead; passport; Certificate of Naturalization; Permanent Resident Verification or Employment Authorization Card.

✓ **Two (2) separate verifications of Hillsborough County residency with address:** (at least one verification must be at current physical address): Driver's license or state ID; Current lease agreement; Mortgage Statement; Homestead Exemption Documentation; Verification of Home Ownership; Rent receipt listing: date, property address, landlord's name and contact information (excluding motel, hotel, or extended stay receipts); Public utility (water, gas or electric) bill *NO Counter Bills; Vehicle registration; Voter registration card or record; Verification of child school enrollment; Recent historical record of residence documented through a County department or other social service agency's case record; Canceled mail from a federal, state, or county agency; and/or Declaration of Domicile recorded (**STAMPED**) with the Clerk of the Circuit Court of Hillsborough County.

✓ **Social Security Number Verification (One (1) form for EACH member of household with Full Name & SS #) Exemption: no SS required for newborns within first 60 days of birth, If not available.**

Acceptable Documents: Social Security Administration (SS card); or official **STAMPED** document from: Florida Department of Children and Families; U.S. Department of Veteran's Affairs; U.S. Internal Revenue Service; official school documentation transcripts).

✓ **Verification of income (Gross income for ALL household members for the past 30 days, from date of application)**

Acceptable Documents: Employment pay statement; award letters or Government issued printout for: SSA benefit; Unemployment; Temporary Assistance for Needy Families (TANF); Affidavit of Support, Child Support, Alimony, Workman's Compensation, Pension/Retirement/Cost of living allowance; Strike Benefits from Union Funds; Foster Independent Living Programs payments; Annuity/Insurance; Education Assistance (allotted for living expenses); Long term/Short Term Benefits; Rental income receipts or statements (Net); Bank Statement (SSI, eBay, PayPal, and cash deposits only); Crimes Compensation letter; Other income (**If applicable: Employment Verification form; Letter on letterhead from last employer with dates and gross wages**) For non-verifiable income (Self-Employment: **Odd jobs or paid in cash, Cash from a relative or friend, or No Income**) **Complete the Self-Declaration form in the application packet.**

✓ **Verification of Resources:** Awards Letters or Government issued printout: Food Stamps; Section 8/ HUD/THA.

Additional Information

✓ **If claimed as a dependent** for income tax purposes, or a minor, the parent or guardian must complete and sign the scholarship application.

✓ **If no one claims you as dependent** for income tax purposes, the applicant will be you, and you must complete and sign the scholarship application.

Application Submission Instructions

Mail applications to the address below, or email to SocialServicesCSBG@hillsboroughcounty.org.

Attention: CAB Scholarship
Hillsborough County BOCC
Department of Social Services
601 E. Kennedy Blvd, 24th floor
Tampa, FL 33602

A Social Services case manager will contact each applicant by phone and email to review the application materials submitted.

- ✓ Please make sure you provide us with a current phone number and email address to contact you.
- ✓ A case manager will contact you by phone and email within three (3) business days of your application submission. Please check your email periodically for an email from a Hillsborough County case manager.
- ✓ If it is determined during the application review that documents are missing, or incomplete the applicant will have five (5) calendar days to submit the information. If documents are not submitted by the five-day extension date, Social Services will disqualify the application.
- ✓ First-come, first-serve selection criteria are completed applications, with no pending documents which include the Fall 2022 College Enrollment Letter. Incomplete applications are considered pending.

Scholarship Public Announcement Process:

The scholarship program will be publicized through the media, area schools, social media, and other community organizations.

Forfeiture of Scholarship:

If applicant does not enter the educational institution within the institutions official drop add period for the Fall semester, the scholarship award amount will be returned to the CAB's Community Service Block Grant (CSBG) Scholarship Fund, and another recipient will be selected, unless the applicant has completed enrollment in a substitute educational institution.

If applicant chooses to enroll in a different educational institution, Hillsborough County Social Services Department must be notified within 10 days of acceptance by the new attention by email IWhite@hillsboroughcounty.org.

Incomplete applications will not be considered. All areas and forms included in this packet must be completed. If a question does not apply, please enter N/A in the space.

General Information Form

Are you a first-time CAB scholarship recipient (circle one)? Yes No

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

How did you hear about the scholarship? **Please circle one:** CAB board member, website, newspaper, radio, school guidance counselor, social media, other _____

Classification during the Fall 2022 semester:

____ Incoming Freshman ____ Continuing College Student: (Freshman, Sophomore, Junior)

Name of institution you will attend in the of 2022: _____

Declared or anticipated Major: _____

Secondary or Minor area(s) of study: _____

Career choice:

Expected Enrollment status for 2022-2023: ____ Full-time (12 credit hours or more) ____ Part-time

High School Information: (Complete only if you are a High School senior or entering college as a freshman in the Fall).

High School: _____

High School Address: _____

High School GPA: _____ ACT Score (if available): _____ SAT Score (if available): _____

Date of High School Graduation: _____ Month/Year

All applicants: Additional information for the following may be listed on a separate sheet of paper:

(1) List school/church/community activities in which you have participated (include leadership roles).

Activity	Indicate Number of Month(s) / Year(s) of Membership	List Officer Status (If Applicable)	Indicate Number of Month(s) / Year(s) as an Officer

(2) Indicate any honors or special recognitions you have received in high school or college.

Honors / Special Recognition	Reason for Honors / Special Recognition	Year Received

(3) If applicable, list all employers, positions and years of employment for jobs you had to work during high school or college.

Employer	Position / Responsibility	Year

Recommendation Form

This form is to be completed by the applicant's, academic advisor, college professor, dean, supervisor, manager, mentors or faith-based advocate. One recommendation form is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed.

Applicant's first name: _____ Applicant's last name: _____

Name of college/high school: _____

Name and title of person completing this form: _____

Capacity in which you know the student: _____

Number of months/years you have known the student: 0-1-year 1-2 year 2-3 years 4 or more

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent 4 – Good 3 – Average 2 – Fair 1 – Poor

Academic Promise		Attitude	
Initiative		Respect	
Career Goals		Self-Discipline	
Responsibility		Perseverance	

Additional comments:

Signature: _____ Date: _____

Title: _____ Phone: _____

Email: _____



Social Services Department

Customer Case Set-Up Worksheet

Office Use Only

Case Name: _____
Case #: _____

Please complete the following information. Enter the names of everyone living at your address. Start with your name first, co-applicant, your children (oldest to youngest) followed by everyone else living in your address. **PLEASE PRINT.**

Legal Name Last Name, First Name	Age	Complete Social Security Number	Date of Birth	Relation to You	Sex	Ethnicity <small>H=Hispanic /Latino O=Other</small>	Race <small>A=Asian B=Black/African American I=Amer. Indian/Alaska Native P=Native Hawaiian/Pacific Islander W=White</small>	Last Grade Completed (Ex: K-12, College, Associates, Bachelors)	State, Province, Country	Circle One			
										US Citizen	Vet	Disabled	
				Self							Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No
											Yes/No	Yes/No	Yes/No

Applicant's Marital Status: (circle one) Married / Divorced / Separated / Widow / Single Housing Status (check one): Rent [] Own [] Homeless []

Residence Address: _____ Street, Apt # _____ City _____ State _____ Zip _____ Phone: _____

Mailing Address: _____ Street, Apt # _____ PO Box _____ City _____ State _____ Zip _____ Email: _____

How can we help you today? _____

HOUSEHOLD INCOME SOURCE (ESTIMATE)	Amount Earned (Past 30 Days)
Employment Earnings	
Social Security, SSI, SSD, Survivor Benefit	
Unemployment Compensation	
TANF/AFDC	
Workman's Compensation	
Pension, Retirement	
Strike Benefits	
Foster Independent Living Program payment	
Education Assistance	
Disability or other Insurance payments	
Annuities, IRA	
Rental Income	
Crimes Compensation	
Veterans Benefits	
Alimony	
Child Support	
Self-Employment – Paid in Cash	
Family and Friends - Cash	
Other Income	

RESOURCES APPLIED/ENROLLED	Benefit Amount
Food Stamps	
Section 8 / Subsidized Housing	
Family and Friends paid rent/bills	
Other Assistance	

Please explain how you have managed to pay your monthly bills (rent, utilities, food) in the past. _____

Please explain what happened that caused you to fall behind in paying your monthly expenses. _____

Please explain how you plan to pay your bills in the future. _____

If your DCF case, bank statement or lease list someone that is currently not in your household, please explain why they are listed. _____

I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding information or giving false information may result in denial of services.

Print Name: _____ Signature: _____ Date: _____

**HILLSBOROUGH COUNTY SOCIAL SERVICES
SELF DECLARATION OF INCOME**

Case Name: _____ **Case Number:** _____

This form is to be completed and signed by all household members 18 years old and older claiming **UNDOCUMENTED** or **ZERO** income for any period in the last 30 days.

Your relationship to the applicant: _____

Please select all that apply to you:

- | | | |
|--|---------|----------|
| <input type="checkbox"/> Self-Employment (paid to you in cash) | Amount: | \$ _____ |
| <input type="checkbox"/> Alimony (paid to you in cash) | Amount: | \$ _____ |
| <input type="checkbox"/> Child Support (paid to you in cash) | Amount: | \$ _____ |
| <input type="checkbox"/> Relative or friend assistance (paid to you in cash) | Amount: | \$ _____ |
| <input type="checkbox"/> No income | Amount: | \$ _____ |

Comments: _____

AFFIDAVIT:

I, _____, state that I had \$ _____ income from the sources listed above during the period from _____ (30 days prior to today) to _____ (Today's Date).

I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding information or giving false information may result in denial of services.

Signature: _____ **Date:** _____



I, _____, hereby irrevocably consent to and authorize the use and reproduction by Hillsborough County, its employees, agents, heirs and assigns of any and all purpose whatsoever. I further understand that by giving consent, I relinquish the right to compensation for any use of reproduction whatsoever of my personal image. All physical tapes, disks, photos, and negatives as well as all digital audio, video, media, and photographic files in their raw or final version states, shall be deemed the sole and complete property of Hillsborough County.

Talent/Name: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Talent: _____

Date: _____

IF THIS RELEASE IS BEING SIGNED BY A PERSON LESS THAN EIGHTEEN (18) YEARS OF AGE,
THE FOLLOWING MUST BE COMPLETED BY A PARENT/LEGAL GUARDIAN.

The undersigned is the parent/legal guardian of the above-mentioned minor and is entitled to the sole care, custody and control of said minor.

I understand that by placing my signature on the line below I am legally consenting to the execution of this release by the aforementioned minor, that I am familiar with all the terms contained therein and that the minor shall fully and completely comply with all terms of the release. I further represent, agree and guarantee that I will not revoke or cancel such consent during the minority of the minor.

Signature of Parent and/or Guardian: _____

Date: _____

Witnessed by: _____