



Youth Activities Scholarship Application

The City of Sherman, with funding from the Community Development Block Grant (CDBG) Program, provides scholarships so that children from low- to moderate-income households can participate in youth activities.

Household Information

Head of Household Name: _____

Address: _____

City, State: _____

Phone: _____

Female Head of Household: **Yes** OR **No**

_____ # Adults in Household +

_____ # Children in Household =

_____ Total Number Living in Household

Household Income

Total Anticipated Annual Gross Income for 2021 **from all adult Household members:** \$ _____

Income Type	Head of Household Amount	How Often	Amount from Other Adults	How Often
Wages from Job	\$ _____	_____	\$ _____	_____
Child Support/ Spousal Maintenance	\$ _____	_____	\$ _____	_____
Unemployment/ Worker's Comp	\$ _____	_____	\$ _____	_____
Social Security SSA/SSI/SSDI	\$ _____	_____	\$ _____	_____
Retirement/ Pension/VA	\$ _____	_____	\$ _____	_____
Any Other Income	\$ _____	_____	\$ _____	_____

Please Attach Required Documents

- Proof of Sherman Residency: Utility bill, rent receipt, Medicaid letter, etc.
- Proof of Wages from all Jobs: Two (2) current check stubs showing name, wages, and hours from each employer
- Proof of Other Income: Statement from Unemployment, Social Security, Pension, etc.

Participant Information

Child's Name: _____

Demographic Information

1. Ethnicity

- Hispanic/Latino Not Hispanic/Latino

2. Race

Check all that apply.

- Black/African American
 White
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Other Multi-Race

Child's Name: _____

Demographic Information

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- Hispanic/Latino Not Hispanic/Latino

2. Race

Check all that apply.

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Demographic information is collected for reporting to the CDBG Program and does not affect eligibility.

For additional children, please complete this section only on another form and attach it to this form.

Applicant Certification

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that the information provided is subject to verification by the City of Sherman and the U.S. Government. I understand that the Organization providing the activity may hold me responsible for the total cost of the activity should the information be incorrect or inaccurate.

Signature: _____

Date: _____

Organization Certification

I have examined this application and finds that the applicant meets the requirements of the City of Sherman Community Development Block Grant (CDBG) Program.

Signature: _____ Organization: _____ Date: _____