

**MAYOR FUNG SCHOLARSHIP PROGRAM
FALL – 2017 RENEWAL APPLICATION**

NAME _____

ADDRESS _____ CITY _____ ZIP _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

TELEPHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____

SCHOOL NAME: _____ ADDRESS _____

TELEPHONE # _____ FAX # _____

WHAT YEAR? SOPHOMORE _____ JUNIOR _____ SENIOR _____

ARE YOU A FULL TIME STUDENT? _____ YES _____ NO

DATE OF ANTICIPATED GRADUATION _____

PARENTS INCOME _____ STUDENTS INCOME _____

TOTAL HOUSEHOLD INCOME (**ATTACH 2016, signed and complete**) INCOME TAX RETURN) _____

TOTAL NUMBER OF FAMILY MEMBERS _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. ARE YOU A LEGAL RESIDENT OF CRANSTON? _____ YES _____ NO
2. ARE YOU ENROLLED AS A STUDENT IN GOOD STANDING AT THE COLLEGE OR UNIVERSITY NAMED ABOVE _____ YES _____ NO
(IF NO, PLEASE ATTACH AN EXPLANATION)

I CERTIFY TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS ACCURATE AND CURRENT.

STUDENTS SIGNATURE _____ DATE _____

PARENT (S) SIGNATURE _____ DATE _____

NOTE: 2017 SPRING GRADES MUST ACCOMPANY THIS FORM FOR ELIGIBILITY AS A FALL SEMESTER 2017 STUDENT. RENEWAL APPLICATIONS WILL NOT BE PROCESSED WITHOUT GRADES OR WITHOUT YOUR 2016 INCOME TAX RETURN. COMPLETE THIS FORM AND RETURN BY MAY 19, 2017. TO: **COMMUNITY DEVELOPMENT
1090 CRANSTON STREET
Attn: STEPHANIE M. SUSI, INTERIM DIRECTOR
CRANSTON, RI 02920
401-461-1000 EXTENSION 7202**

April 4, 2017

Dear Scholarship Recipient:

Continued eligibility for aid from the Mayor's Scholarship Program depends on whether the 2017 Renewal Application Form, a transcript of your final grades for Spring 2017 and a copy of your 2016 Income Tax Return and your parents, are submitted to the Office of Community Development prior to May 19, 2017. **Also, as a new requirement of HUD, a copy of your birth certificate is also needed if not already on file.**

As you know, the funds used to support the scholarship program come from Cranston's Community Development Block Grant (CDBG), which is a program administered by the United States Department of Housing and Urban Development (H.U.D.). HUD regulations require that this office determine eligibility on an annual basis. It is therefore imperative that you return the enclosed renewal application form before May 19, 2017 along with all the income information requested on the enclosed renewal form. Failure to reply in a timely manner will result in you not receiving aid for the 2017/2018 school year.

Total household income, or the student's gross income, if he or she is not dependent on parents, may not exceed the following amounts.

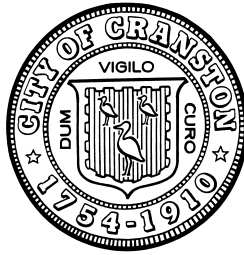
FAMILY SIZE	1	2	3	4	5	6	7	8
INCOME	\$40,800	\$46,600	\$52,450	\$58,250	\$62,950	\$67,600	\$72,250	\$76,900

If you should have any questions, please feel free to contact me at 461-1000 extension 7202.

Sincerely,

Stephanie M. Susi
Interim Director

Encl.



**CITY OF CRANSTON
Department of Community Development**

**INCOME CERTIFICATION FORM
FISCAL YEAR 2017-2018
Individual assisted by a CDBG-Funded Activity**

Income Limits required by the U.S. Dept. of Housing & Urban Development – *please circle one.*

***Indicate where your household income falls by circling the appropriate area.**

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
	0 - 15,300	0- 17,500	0 - 20,160	0- 24,300	0- 28,440	0- 32,580	0- 36,730	0- 40,890
	15,351- 25,500	17,551- 29,150	20,161- 32,800	24,301- 36,400	28,441- 39,350	32,581- 42,250	36,731- 45,150	40,891- 48,050
	25,501- 40,800	29,151- 46,600	32,801- 52,450	36,401- 58,250	39,351 62,950	42,251- 67,600	45,151- 72,250	48,051- 76,900

Ethnicity: (select one only) Hispanic or Latino Not Hispanic or Latino

Race: (select one or more)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> White/Hispanic |

Other: (select all that apply)

- Seniors (62 years or older)
 Handicapped or Disabled
 Female Head of Household
 Minors (up to age 18)

Applicants' Signature

Printed Name

If client is below 18 years of age, parent or legal guardian must verify income and sign form.

I certify, under the penalties of law, this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of Cranston, Department of Community Development, and the U.S. Department of Housing and Urban Development. **This information will be kept confidential and used for HUD monitoring purposes only.**

Signature of Parent/Legal Guardian: _____ **Date:** _____