

# MAYOR FUNG SCHOLARSHIP PROGRAM

## Application 2017- 2018

The Mayor Fung Scholarship Program is designed to aid students of low and moderate-income families to attend college, as well as vocational and technical schools. This local and innovative program is funded through Cranston's Community Development Block Grant (CDBG).

Any Cranston resident planning to attend an accredited public or private, vocational school, two year or four year institution, is eligible for scholarship consideration provided the student's family (or the student if he or she is self-supporting) meets the income criteria set forth below.

Applicant's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

How long a resident at this address \_\_\_\_ Year(s)      Date of Birth \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_ Parent(s) Address \_\_\_\_\_

Guardian(s) Name \_\_\_\_\_ Address \_\_\_\_\_

Total Family Income \$ \_\_\_\_\_ Number of People in the Family \_\_\_\_\_

**If applicant's address is different from parents', proof of residency must be submitted (i.e., lease agreement, notarized letter from landlord, etc.)**

### **ALL SCHOLARSHIP APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:**

- **A COPY OF PARENTS' AND APPLICANT'S 2016 FEDERAL AND STATE INCOME TAX RETURN COMPLETE AND SIGNED**
- **COPY OF APPLICANT'S BIRTH CERTIFICATE**
- **TRANSCRIPT FROM ATTENDING HIGH SCHOOL**

### ELIGIBILITY

The student's family gross income, or the student's gross income, if he or she is not dependent on parents, must not exceed the following amount, depending on household size.

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

Name and Address of School you are attending currently.

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Guidance Counselor: \_\_\_\_\_

Applicant's Academic Class Rank: \_\_\_\_\_

Number of Students in Graduating Class: \_\_\_\_\_

List any clubs, organizations, extra curricular activities or part time employment in which you have participated:

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**Name, Address, Telephone number and Fax number of College you will be attending in September 2017.**

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Explain any particular family circumstances you feel the Scholarship Committee should be aware of:

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I hereby affirm that the information contained herein is true and accurate.

Parent (s) Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Applications deadline: May 19, 2017.**

**Return completed application to:**

**Cranston Community Development  
Hamilton Building  
Stephanie M. Susi, Interim Director  
1090 Cranston Street  
Cranston, RI 02920  
401-461-1000 ext. 7202**

**NEW OPTIONAL SECTION – RACIAL IDENTITY**

By Federal regulation, the City of Cranston is required to maintain a tally of recipients of aid under the Community Development Program according to racial group and ethnic origin. Although you are not required to fill out the information, this section is optional and will not affect your eligibility; your participation would be greatly appreciated.

Please check the racial group you believe you belong to:

- White** \_\_\_\_\_
- Black/African American** \_\_\_\_\_
- Asian** \_\_\_\_\_
- American Indian/Alaskan Native** \_\_\_\_\_
- Native Hawaiian/Other Pacific Islander** \_\_\_\_\_
- American Indian/Alaskan Native & White** \_\_\_\_\_
- Asian & White** \_\_\_\_\_
- Black/African American & White** \_\_\_\_\_
- Am. Indian/Alaskan Native & Black/African Am.** \_\_\_\_\_
- Other Multi-Racial** \_\_\_\_\_
- Black/Hispanic** \_\_\_\_\_
- White/Hispanic** \_\_\_\_\_

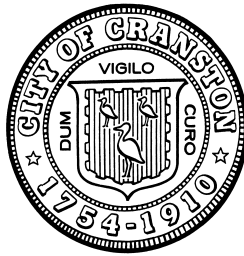
**RELEASE AUTHORIZATION FOR FINANCIAL INFORMATION**

I (we) the undersigned understand in applying for this scholarship, it is necessary that appropriate financial information be obtained. I (we) hereby authorize the Rhode Island Higher Education Assistance Authority to release **FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)** information to the Cranston Community Development Office.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent (s) \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_



**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)

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|---|--|
| <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:** \_\_\_\_\_