

# MAYOR FUNG SCHOLARSHIP PROGRAM

## Application 2019- 2020

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, 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 2018 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>\$45,000</b>	<b>51,400</b>	<b>57,850</b>	<b>64,250</b>	<b>69,400</b>	<b>74,550</b>	<b>79,700</b>	<b>84,850</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 2019.**

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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 24, 2019.**

**Return completed application to:**

**Cranston Community Development  
Hamilton Building  
Stephanie M. Susi, Interim Director  
1090 Cranston Street  
Cranston, RI 02920  
401-461-1000 ext. 6239**

**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** \_\_\_\_\_

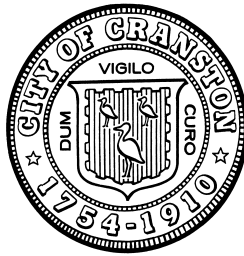
**RELEASE AUTHORIZATION FOR FINANCIAL INFORMATION**

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 2019-2020**  
**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 - 16,900	0- 19,300	0 - 21,700	0- 25,100	0- 29,420	0- 33,740	0- 38,060	0- 42,380
	16,901- 28,150	19,301- 32,150	21,701- 36,150	25,101- 40,150	29,421- 43,400	46,600- 46,601	38,061 49,800	42,381- 53,000
	28,151- 45,000	32,151- 51,400	36,151- 57,850	40,151- 64,250	43,401 69,400	46,601- 74,550	49,801- 79,700	53,001 84,850

**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:** \_\_\_\_\_

## SCHOLARSHIP PROGRAM RULES AND PROCEDURES

The Mayor's Scholarship Program is funded through Cranston's Community Development Block Grant. These are federal funds appropriated by Congress and granted to the city through the U.S. Department of Housing and Urban Development. All monies spent under this program must primarily benefit low and moderate-income persons and families. Thus, the city must make awards based on family income limits set by H.U.D. Because the grant is made to Cranston to benefit residents of this city, scholarship recipients must be and remain legal residents of Cranston.

Since the inception of its scholarship aid program, Cranston has appropriated nearly a half million dollars to help in excess of 900 students through college. In 2018/2019, the number of students accepted into the program was 18.

- Students admitted into a four-year program are eligible to receive \$1,000 per year, for a total scholarship of \$4000.00.

### CHECKS ARE MADE PAYABLE TO BOTH THE RECIPIENT AND THE SCHOOL

One check and only one check will be issued and sent to your school for each academic year. For the 2019-2020 school year, checks will be mailed to your school sometime the end of November for all sophomores, juniors and seniors. It is your responsibility to go to the financial aid office for the purpose of endorsing the check over to the school. Scholarship funds are to be credited only toward tuition. Checks for freshmen will be mailed to the school in February of the year following matriculation. Freshmen checks will not be mailed until the month of February after the Community Development office has received a first semester transcript.

To remain eligible, all returning students must submit semester grades and a renewal form to the Office of Community Development prior to the 24th of the May that precedes the upcoming school year. Renewal forms will be mailed out from the Community Development Office in April.

To be renewed, you must:

- Be a legal resident of Cranston. Standard identification with a Cranston address will suffice. In the case of students living out of town or out of state at school a Cranston voting registration will constitute residence.
- You must be in good standing at the school and have maintained a minimum 2.0 cumulative average. Semester grades must be submitted to the City of Cranston, Community Development, 1090 Cranston Street, Cranston, RI 02920, ATTENTION: Stephanie M. Susi, Interim Director
- Your family income must remain within the limits set by **the U.S. Department of Housing and Urban Development.**

PLEASE NOTE: NO SCHOLARSHIP CHECK WILL BE ISSUED IN EITHER NOVEMBER OR FEBRUARY UNTIL THE COMMUNITY DEVELOPMENT OFFICE HAS RECEIVED SEMESTER GRADE REPORTS AND, WHERE APPLICABLE, A RENEWAL FORM.

For good cause, a student will be granted up to two (2) semesters' leave of absence, in any one (1) full year. Such a request must be made to the Director of Community Development along with appropriate evidence that the college or university has granted the leave.

FAILURE TO OBSERVE ALL RULES CAN LEAD TO FORFEITURE OF AID.

Income eligibility is determined by the Rhode Island Higher Education Assistance Authority and the Department of Community Development. **Effective March 2019**