



ACHIEVE
t a h o e

Katherine Hayes Rodriguez Scholarship Fund
APPLICATION

*Scholarships are available on a first come, first served basis.
The total amount of scholarships awarded
is limited to the amount of money in the fund.*

(Information on this page is confidential and is only viewed by Achieve Tahoe Scholarship Committee.)

Achieve Tahoe reserves the right to review documentation of your income in making a determination of eligibility.

Mail, fax or email completed form to:

Achieve Tahoe, PO Box 8339, Truckee, CA 96162 ♦ 530.581.3127 ♦ marina@achievetahoe.org
For questions call Marina Gardiner at 530-581-4161x206

Applicant Information

NAME _____ DAYTIME PHONE (____) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMPLOYER _____ OCCUPATION _____

If Minor or Dependent Adult

PARENT/GUARDIAN: _____ PHONE _____
EMPLOYER _____ OCCUPATION _____

**TO QUALIFY FOR SCHOLARSHIP FUNDS YOU MUST BE A CURRENT MEMBER OF ACHIEVE TAHOE
AND YOUR INCOME MUST BE BELOW THE ANNUAL INCOME AMOUNTS BELOW,
WHICH ARE 200% THE FEDERAL POVERTY GUIDELINES.**

Household Size	Gross Income Not to Exceed
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
**	For each additional member of the household add \$8,320.

Number of people in household: _____, # under 18 _____, # with a disability _____

Annual Household Income: \$ _____ Does participant, parent/guardian rent or own home? _____

Please circle all sources of income below

Annual Household Income = wages + disability + social security + welfare + unemployment + retirement + alimony + income from trust accounts or savings bonds + regular income from family, friends, other agencies.

Please describe your reason for requesting scholarship assistance.

_____ (con't on back)

In signing below, I verify that the information on this page is current and accurate. I understand that this information is confidential and will be used only by Achieve Tahoe.

X _____
Signature Print Name Date