



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 _____

DISABILITY _____ DATE OF BIRTH ____/____/____

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**