

2022-2023 Nimbus Scholarship/Financial Assistance Form



*Nimbus programs are partially funded by a Community Development Block Grant from the City of Jersey City. As a recipient of this grant, Nimbus is responsible for collecting demographic information on program participants. This application will be used solely for grant reporting purposes. The information will NOT be identifiable and will only be shared as a general percentage. Please answer every question on this form, incomplete forms will not be accepted.*

Name of Program:

---

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Family/Individual Status (please check the appropriate spaces):

Gender Identification: Male \_\_\_ Female \_\_\_ Other \_\_\_ Disabled: Yes \_\_\_ No \_\_\_

Married: Yes \_\_\_ No \_\_\_ Homeless: Yes \_\_\_ No \_\_\_

Female HOH: Yes \_\_\_ No \_\_\_ Veteran: Yes \_\_\_ No \_\_\_

---

Source of Income

Are you currently employed? Yes \_\_\_ No \_\_\_

What is your current annual household income? \$ \_\_\_\_\_ \*

Are you eligible for the free lunch program? Yes \_\_\_ No \_\_\_

Are you currently paying School Loans? \$ \_\_\_\_\_ \* (Annual Amount)

Estimated income Lost Due to Covid \$ \_\_\_\_\_ \* (Annual Amount)

---

Parent/Guardian Education Level (please check the highest level of education completed):

Grammar School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Post Graduate \_\_\_\_\_

---

Which of the following forms of income/benefits are you receiving?

(please indicate the appropriate spaces):

Temporary Assistance for Needy Families (TANF) \_\_\_\_\_

General Assistance \_\_\_\_\_

Supplemental Security Income (SSI) \_\_\_\_\_

Social Security Disability (SSD) \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Veteran Benefits \_\_\_\_\_

Unemployment Benefits \_\_\_\_\_

Other Retirement Benefits \_\_\_\_\_

---

Personal Health

Have you received treatment for:

Substance Abuse: Yes \_\_\_\_\_ No \_\_\_\_\_

Mental Illness: Yes \_\_\_\_\_ No \_\_\_\_\_

Other (please specify) \_\_\_\_\_

---

Please circle the appropriate family size and income range for your household (2) Circles:

Family Size	Income Range
1	\$0 - \$64,350
2	\$64,351 - \$73,550
3	\$73,551 - \$82,750
4	\$82,751 - \$91,900
5	\$91,901 - \$99,300
6	\$99,301 - \$106,650
7	\$106,651 - \$114,000
8	\$114,001 - \$121,350

If your family size does not fit within the above income range, please fill in the information below:

Other \_\_\_\_\_ Income \_\_\_\_\_

\*Please attach proof of household income to this application in the form of two most recent pay stubs and/or most recent tax return.\*

---

Ethnic Breakdown (please identify your ethnicity by checking the appropriate space):

	<u>Non-Hispanic</u>	<u>Hispanic</u>
White	_____	_____
African American/Black	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____

Native Hawaiian/Other Pacific Islander

\_\_\_\_\_

Asian

\_\_\_\_\_

American Indian

\_\_\_\_\_

Other Multi-Racial

\_\_\_\_\_

Under penalty of perjury, I affirm that my income is within Community Development Block Grant guidelines for financial eligibility to participate in the federally funded program. I certify that the statements made by me are true. If they are willfully false I will be subject to the penalty of the law.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Office Use Only:	Percentage Awarded:	
	Dollar Amount Awarded:	

Nimbus Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_