

Application for UPHCSA Financial Assistance – Summer 2017

Financial Need Statement Instructions

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child's name, school, grade, (and the 9-digit Food Stamp or TANF case number if you appropriate)

Part 2: Check the appropriate box.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

Part 6: Answer this question if you choose to.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income during last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2–How often did you get paid last month and what was the Gross amount. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). *All other income*: List the amount each person got last month from welfare, child support, alimony (second column), pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, regular saving account withdrawals, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. You must report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative, do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form. If the student is selected to attend the program, a copy of both parents tax return will be required.

Part 6: Answer this question if you choose to.

Application for UPHCSA Financial Assistance

Financial Need Statement

Part 1: Name of Child _____

First Middle Initial Last
 School _____ Grade _____

Name of School or Migrant Case Coordinator _____

Food Stamp or TANF case # (if any)

Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2: Is child applying as migrant or homeless, please check Homeless Migrant

Part 3: Foster Child - If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$_____.
 Skip to Part 5.

Part 4: Total Household Gross Income—You must tell us how much and how often. Gross Income must be less than the Federal Income Chart located on the next page. All household members must be listed.

1. Name List everyone in household	Earnings from Work <u>before</u> deductions	Welfare, child/ alimony support	Pensions, retirement Social Security	All other Income	Check if No Income
(example) Jane Smith	\$ 200 / weekly	\$ 150 / weekly	\$ 100 / monthly	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

Part 5: Signature - Head of Household/Adult must sign

An adult household member must sign the application.

I certify (promise) that all information on this application is true and that all income is reported. I understand that University of Pittsburgh officials may verify (check) the information. I understand that if my child is selected to participate in the program, I will be required to submit a copy of my 2016 tax return by March 21, 2017.

Sign here: X _____ Print name: _____ Date: _____

Address: _____

Phone Number: _____

Part 6: Children's racial and ethnic identities (optional)

Mark one or more racial identities: Mark one ethnic identity:

- Asian American Indian or Alaska Native Hispanic or Latino
 White Native Hawaiian or Other Pacific Islander Not Hispanic or Latino
 Black or African American Other

FEDERAL INCOME CHART

For School Year 2016-2017

Household size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,633	\$1,307
8	\$75,647	\$6,304	\$1,455
For each additional family member add	\$7,696	\$642	\$148

Please include this form with the Student Application for the University of Pittsburgh Health Career Scholars Academy application and submit to the UPHCSA office before the February 15, 2017 application receipt date.

Our mailing address is:

**Ms. Karen Narkevic, Director
University of Pittsburgh Health Career Scholars Academy
Suite 302 Iroquois Building
3600 Forbes Avenue
Pittsburgh, PA 15213**