



*Sharing Christ's love by meeting human needs*

# EITC Scholarship Application

For Preschool Age 3-6

***No guest of New Hope Ministries shall be denied service or offered a lesser standard of service because of expressing no faith, a non-Christian faith, or not expressing a Christian faith.***

## Include the following:

1. Most recent **1 month** proof of gross income (before taxes) for everyone in the household.

Different types of income include:

- Employment – paystubs (bank statement not acceptable)
- Unemployment – Award or letter of determination
- Cash Assistance – Benefits letter, Notice to Applicant Letter.
- Social Security benefits – Yearly Social Security Benefit letter
- Self-Employed – Current year taxes and account/ledger of income last 30 days.
- Child Support – Court order or print out from Domestic Relations
- Pension – Pension paystub or letter from pension board
- Other sources – print what documentation you have available

2. Letter of request for scholarship

Please return completed form, 30 days proof of income and letter of request to:

Gina Staton  
New Hope Ministries  
99. W Church Street  
Dillsburg PA 17019

Email: [gstaton@nhm-pa.net](mailto:gstaton@nhm-pa.net)  
Phone: 717-432-3053 Ext. 1309  
Fax: 717-502-1642

# NEW HOPE MINISTRIES – GUEST INTAKE SHEET / APPLICATION FOR ASSISTANCE

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township/Boro: \_\_\_\_\_ County \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ Phone #: (cell) \_\_\_\_\_


Email Address: \_\_\_\_\_ Household Size \_\_\_\_\_

<b>Housing: (circle one)</b> Rent    Own    Shelter    Living with Family Homeless    Living with someone NOT family	<b>Marital Status: (circle one)</b> Single   Married   Common-Law Separated   Divorced   Widowed	<b>Completed Education Level: 0-8 grade 9-11 grade</b> High School Diploma    GED    Post Secondary (some) Trade School 2-Year Degree    4-Year Degree
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Languages spoken in the household: \_\_\_\_\_

Do you expect your household size to change in the next 12 months?    NO    YES    If yes, how? \_\_\_\_\_

Female Head of Household? Yes No

Family Members: Name (list yourself first)	Relationship to you	Gender (circle)	Race & Ethnicity	Disabled? (Circle)	Birth Date	Monthly Income & Type of Income
First Name, Last Name	<b>SELF</b> 	Male	<i>Choose one</i> Asian    White    Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	Yes	Month _____	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support    Other None
		Female	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	No	Day _____	
		Other	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	Year _____		
First Name, Last Name		Male	<i>Choose one</i> Asian    White    Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	Yes	Month _____	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support    Other None
	Female	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	No	Day _____		
	Other	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	Year _____			
First Name, Last Name		Male	<i>Choose one</i> Asian    White    Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	Yes	Month _____	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support    Other None
	Female	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	No	Day _____		
	Other	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	Year _____			
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	Female	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	No	Day _____		
	Other	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	Year _____			
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	Female	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	No	Day _____		
	Other	_____ <i>AND Choose one</i> Hispanic or Non-Hispanic	Year _____			

L2F Updated on \_\_\_\_\_ New Card Made \_\_\_\_\_ L2F # \_\_\_\_\_

Updated 7/1/24

Family Members:	Relationship to you	Gender (circle)	Race & Ethnicity	Disabled? (Circle)	Birth Date	Monthly Income & Type of Income
First Name, Last Name		Male Female Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <u>AND Choose one</u> Hispanic or Non-Hispanic	Yes  No	Month Day Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
First Name, Last Name		Male Female Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <u>AND Choose one</u> Hispanic or Non-Hispanic	Yes  No	Month Day Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
First Name, Last Name		Male Female Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <u>AND Choose one</u> Hispanic or Non-Hispanic	Yes  No	Month Day Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None

**PLEASE CIRCLE ANY BENEFITS YOUR HOUSEHOLD RECEIVES:**

Cash Assistance      Child Care Works Program      CHIP      Headstart      Home & Community Based Services  
 LIHEAP      Long-Term Care Services      Medical Assistance      Section 8 Housing  
 SNAP      TANF      WIC      Vets Aid

Has anyone in your household served in the military? If YES, who? \_\_\_\_\_

In case of an emergency, please contact \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_.

**AUTHORIZATION GRANTED TO NEW HOPE MINISTRIES TO OBTAIN, EXCHANGE, AND DISCLOSE INFORMATION**

I, \_\_\_\_\_, hereby authorize New Hope Ministries to obtain, exchange, and disclose any and all information from/with/to other agencies, churches, and programs that may have either supplied or considered supplying assistance to me. I further authorize New Hope Ministries to obtain, exchange, and disclose information with my landlord, my employer, and any other person / agency / program in an effort to confirm the information I have supplied, to assist in determining eligibility for assistance, or to make arrangements for the provision of assistance.

I understand that all information supplied to and obtained by New Hope Ministries will be disclosed only as authorized above and will otherwise be held strictly confidential. I acknowledge reading, understanding, and approving of the release of information as provided for by the above paragraph.

I attest that the information and all income that follows is accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker

\_\_\_\_\_  
Date