



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:

Amy Albert
New Hope Ministries
99 West Church Street
Dillsburg, PA 17019

Email: aalbert@nhm-pa.net
Phone: 717-432-3053 ext. 1312
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 _____

Housing: (circle one) Rent Own Shelter Living with Family Homeless Living with someone NOT family	Marital Status: (circle one) Single Married Common-Law Separated Divorced Widowed	Completed Education Level: 0-8 grade 9-11 grade 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	SELF 	Male	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African	Yes	Month _____ Day _____	\$ _____ MONTHLY INCOME Income from: Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
		Female	American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	No	Year _____	
		Other	<u>AND Choose one</u> Hispanic or Non-Hispanic			
First Name, Last Name		Male	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African	Yes	Month _____ Day _____	\$ _____ MONTHLY INCOME Income from: Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
	Female	American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	No	Year _____		
	Other	<u>AND Choose one</u> Hispanic or Non-Hispanic				
First Name, Last Name		Male	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African	Yes	Month _____ Day _____	\$ _____ MONTHLY INCOME Income from: Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
	Female	American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	No	Year _____		
	Other	<u>AND Choose one</u> Hispanic or Non-Hispanic				
First Name, Last Name		Male	<i>Choose one</i> Asian White Multi-racial Black/African	Yes	Month _____ Day _____	\$ _____ MONTHLY INCOME Income from: Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
	Female	Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	No	Year _____		
	Other	<u>AND Choose one</u> Hispanic or Non-Hispanic				
First Name, Last Name		Male	<i>Choose one</i> Asian White Multi-racial Black/African	Yes	Month _____ Day _____	\$ _____ MONTHLY INCOME Income from: Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
	Female	Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander	No	Year _____		
	Other	<u>AND Choose one</u> Hispanic or Non-Hispanic				

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 <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes No	Month Day Year	\$ _____ MONTHLY INCOME Income from: 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 <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes No	Month Day Year	\$ _____ MONTHLY INCOME Income from: 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 <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes No	Month Day Year	\$ _____ MONTHLY INCOME Income from: 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