



# Youth Spirit Squads, Inc. Scholarship Application



This information is used in determining financial assistance benefits. Please submit this completed application to Youth Spirit Squads, Inc, PO Box 92682 Albuquerque, NM 87199. You are responsible for paying the \$50 membership registration plus monthly membership fee if student participates while application is being reviewed.

**Privacy Act Statement:** Youth Spirit Squads, Inc. requires the information on this application. You do not have to give the information but if you decline we cannot approve your student for financial assistance benefits. You must include the social security number of the adult household member who signs the application. We will use your information to determine if your student is eligible for benefits. We MAY share our eligibility information with education programs to help them determine benefits for their programs, YSS auditors for program reviews, and law enforcement officials to help look into violations of program rules.

**Discrimination Statement:** "In accordance with Federal Law", this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Father/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Marital Status: Single, Married, Separated, Divorced, Widowed Spouse Name: \_\_\_\_\_ # Dependants \_\_\_\_\_  
If married Spouse information required, If Divorced and both parents are responsible for a portion of the tuition each parent should complete a separate application

Number and Street Address: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Facebook/e-mail address: \_\_\_\_\_

## Mother/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Marital Status: Single, Married, Separated, Divorced, Widowed Spouse Name: \_\_\_\_\_ # Dependants \_\_\_\_\_  
If married Spouse information required, If Divorced and both parents are responsible for a portion of the tuition each parent should complete a separate application

Number and Street Address: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Facebook/e-mail address: \_\_\_\_\_

## **Income Information**

Father/Guardian Household Income: \_\_\_\_\_ Mother/Guardian Household Income \_\_\_\_\_ (If filing separately)

Child Support Income \$ \_\_\_\_\_ (for all children) Social Security Benefits \$ \_\_\_\_\_ (for all household members)

Supplemental Security Income \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_ (foster care allowance, IRA, Keogh payments, veteran benefits, military allowance, pensions, annuity payments, etc.)

Interest Income \$ \_\_\_\_\_ Anticipated Sponsorships \$ \_\_\_\_\_ (money from friends, family, employers, etc.)

## **Monthly Expense Information**

Mortgage \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_ Car Loans \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Other Payments \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Health Care Premium Payments \$ \_\_\_\_\_ (paid directly by you to the Health care company)

Vehicle Insurance Premiums: \$ \_\_\_\_\_ Child/Day Care \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the purpose of financial assistance benefits, which YSS officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws and my student may lose YSS/Razzle Dazzle Scholarship Program benefits.

**Father/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify (promise) that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the purpose of financial assistance benefits, which YSS officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws and my student may lose YSS/Razzle Dazzle Scholarship Program benefits.

**Mother/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **YSS/Razzle Dazzle Scholarship Program Benefits Checklist**

### **Do not forget the following:**

- ◇ **Signatures.** Applications received without required signatures will not be processed.
- ◇ **Blank Areas:** Enter 0 or n/a for areas not applicable.
- ◇ **Tax Return:** Copy of the most recent IRS Federal Form 1040, 1040A or 1040-EZ US Individual Income Tax return of Father/Guardian and Mother/Guardian (if filing separate) must accompany application.
- ◇ **Wage Statements:** Copy of most recent Wage and Tax Statements for Father/Guardian and Mother/Guardian must accompany application.
- ◇ **Other Income Tax schedules:** Copies of all supporting tax schedules for Taxable and Non-Taxable Income must accompany application.

***NOTE: Award decisions are made by Youth Spirit Squads, Inc. Board of Directors.***