SCHOLARSHIP ANNOUNCEMENT
IMPORTANT DATES TO REMEMBER

Submission Periods:

- Applications will be available October 17, 2016
  - **Returning Scholarship Applicants Only**: Applications **must** be submitted between 10/17/16 through 12/30/16*
  - **New Scholarship Applicants:** Applications **must** be submitted between 01/03/17 through 03/31/17*

Scholarship Interviews:** (*Eligible families will be notified by April 28, 2017*)

- **Interview Date:** Saturday, May 06, 2017
- **Time:** 10am - 3pm (Candidates must arrive by 9:30am)
- **Location:** TBD

Attire:
- Males - Slacks, polo style, long or short sleeve shirt, dress shoes
- Females - Skirt, slacks, blouse or polo style shirt, dress shoes

Scholarship Ceremony: (*Eligible families will be notified by June 2, 2017*)

- **Ceremony Date:** Wednesday, June 14, 2017
- **Time:** 5pm - 6pm
- **Locations:** TBD

Attire:
- Males - Slacks, dress shoes, polo style, long or short sleeve shirt
- Females - Skirt, slacks, dress shoes, blouse or polo style shirt

*All applications must be submitted by the due date
**Interviews required for new applicants only

***Please contact Sylvia Wint (813) 274-6719 or email Wints@HCFLgov.net with questions.**

Hillsborough County
Department of Social Services and Community Action Board

SCHOLARSHIPS AVAILABLE:

The Hillsborough County Department of Social Services, Community Action Board (CAB) are accepting scholarship applications for the 2017-2018 school year, beginning **Monday, October 17, 2016. Returning scholarship applicants only**, must submit their applications between **10/17/16 through 12/30/16. New scholarship applicants** must submit their applications between **01/03/17 through 03/31/16**. Achieving a higher education is an important life choice for young people and their families. The CAB is offering scholarships up to $5,000 to students who meet the eligibility requirements.

AUTHORITY: Community Action Board

Hillsborough County Department of Social Services and Community Action Board provides an opportunity for residents to achieve self-sufficiency through education. The Department of Social Services and CAB awards annual scholarships up to $5,000 to individual Hillsborough County residents that are currently enrolled in a 2 or 4 year college or university or a vocational program, or have plans to attend a 2 or 4 year college or university or a vocational school in the Fall. Colleges, Universities and Vocational Institutes, must have current accreditation through SACS (Southern Association of College and Schools). This scholarship initiative was developed to provide financial support to assist individuals from the communities served by the CAB, providing an opportunity to attain their educational goals. The scholarship is open to individuals between the ages of 16 through 22.

ELIGIBILITY REQUIREMENTS:

Any person ages 16 through 22 years old, who is a senior in High School, has obtained a High School diploma or a GED equivalent and who is a resident of **Hillsborough County** may apply. Recipient agrees to complete a brief survey in order to provide feedback on their scholarship and college experience

Applicant's family income must fall within 125% of the 2016 Federal Poverty Guidelines established for the Community Service Block Grant (CSBG) mandated requirements. (See below).

- **If the student's family household income meets the income limits of 125% and below, you may proceed to complete the application.**

People in the Household	Income May Not Exceed
1	$14,850
2	$20,050
3	$25,250
4	$30,450
5	$35,650
6	$40,850
7	$46,050
8	$51,250
For each additional person in the household with more than people add:	$5,200

- **Household incomes not meeting the income limits above are not eligible to apply for this scholarship.**

Income guidelines are subject to change based on the Health and Human Services Florida Poverty Guidelines

CRITERIA FOR SELECTION:

Community Service and School Involvement: If applicable, the amount of community service hours completed and any special awards and honors received will be considered. For any community service hours, the applicant will submit a list of references and a short description of the service he/she has rendered to the community.

Application: Additional letters of recommendation from the principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean will be considered.

Academic Record: Eligible applicants must have a minimum GPA of a 2.0.

Essay Statement: Eligible applicants must address each essay question listed on page (3) three.

Interview: Eligible applicants, will be required to participate in a panel interview.

CONDITIONS OF AWARD:

This scholarship up to the amount of $5,000 requires the student to present the application to the Hillsborough County Community Resource Center.

PUBLIC ANNOUNCEMENT & RECRUITMENT PROCESS:

The Scholarship Program will be widely publicized through the media, area schools, community resource centers, local churches, and other community organizations.

FORFEITURE OF SCHOLARSHIP:

If a student does not enter the educational institution within the institutions official drop add period for the Fall semester, the scholarship award amount will be returned to the CAB's Community Service Block Grant (CSBG) Scholarship Fund, and another recipient will be selected, unless the student has completed enrollment in a substitute educational institution. If a student chooses to enroll in a different educational institution, Hillsborough County Social Services Department must be notified via email at: Pullenf@hillsboroughcounty.org. Notification must be received within 10 days of acceptance by the new institution. Proof of enrollment must be provided.

SUBSTITUTE EDUCATIONAL INSTITUTION ENROLLMENT:

If a student does not complete enrollment in the primary institution of choice but does complete enrollment in a different educational institution and the scholarship is returned to Advisory Committee and CAB's Community Service Block Grant (CSBG) Scholarship Fund, funds will be redirected to the institution where the student has completed enrollment.

Children of the Community Action Board members will be allowed to apply for a scholarship, but the member will be excluded from the candidate selection process.

PLEASE NOTE

Does anyone in the household claim you as a dependent for income tax purposes? If yes, the following list of forms included in this packet must be completed by the person who claims you:

- Customer Case Setup Applicant Worksheet
- Notice Regarding Collection of Social Security Number form
- Media release form (signed by student if 18 years or older)
- Applicant Acknowledgements and Agreements form **(Required for each head of household)**
- Grant Only signature form **(Bottom portion only: Signature of Applicant(s) and date)**

If no one claims you as dependent for income tax purposes, the scholarship applicant must complete all forms.

Incomplete applications will not be considered. All areas and forms included in this packet must be completed. If a question does not apply, please enter N/A in the space.

Recommendation Form

This form is to be completed by the applicant's High School principal, assistant principal, guidance counselor, teacher, academic advisor, college professor, dean, supervisor, manager, mentor or faith-based advocate. One recommendation form is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed.

Applicant's first name: _____ Applicant's last name: _____

Name of High School/College: _____

Name and title of person completing this form: _____

Capacity in which you know the student: _____

Number of months/years you have known the student: ☐ 0-1 year ☐ 1-2 year ☐ 2-3 years ☐ 4 or more

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent 4 – Good 3 – Average 2 – Fair 1 – Poor

Academic Promise		Attitude	
Initiative		Respect	
Career Goals		Self-Discipline	
Responsibility		Perseverance	

Additional comments:

_____
_____
_____
_____
_____
_____
_____
_____

Signature:_____ Date: _____

Title:_____ Phone: _____

Email: _____

HILLSBOROUGH COUNTY COMMUNITY ACTION BOARD SCHOLARSHIP

Applicants may return completed application packets to the Community Resource Center closest to them. Please see the zip code chart below for center locations

Lee Davis CRC	Plant City CRC	South Shore CRC	West Tampa CRC	University Community CRC
33509	33509	33503	33602	33548
33510	33510	33509	33606	33549
33511	33511	33510	33607	33556
33547	33527	33511	33608	33558
33550	33530	33534	33609	33559
33584	33540	33547	33611	33592
33603	33547	33568	33614	33612
33604	33563	33569	33615	33613
33605	33564	33570	33616	33617
33610	33565	33571	33621	33618
33619	33566	33572	33629	33620
33637	33567	33573	33634	33624
	33584	33578	33635	33625
	33587	33579		33626
	33594	33586		33637
	33596	33594		33647
	33834	33596		
	33810	33598		
		33619		
		33834		
		34221		

Persons who are homeless may submit to any center including:

Lee Davis CRC	**3402 N. 22nd St., Tampa, FL**	**(813) 272-5220**
Plant City CRC	**307 N. Michigan Ave., Plant City, FL**	**(813) 757-3871**
South Shore CRC	**201 14th Ave. S.E., Ruskin, FL**	**(813) 671-7647**
West Tampa CRC	**2103 N. Rome Ave., Tampa, FL**	**(813) 272-5074**
University CRC	**13605 N. 22nd Street, Tampa, FL**	**(813) 975-2153**

New application

YOUTH PROGRAM SCHOLARSHIP APPLICATION CHECKLIST:

Before submitting your Hillsborough County Department of Social Services Community Service Block Grant (CSBG) packet, please make sure the following items are included:

Identification One (1) form for EACH member of household. Acceptable Documents: Adults 18 and above

- ☐ Current (*non-expired)* Driver's license or State ID; Immigration verification (green card); Military Photo ID; VA Identification card with DD214; passport; Certificate of Naturalization

Minors 17 and under: ***Exemption: no ID required for newborns within first 60 days of birth, if not available***

- ☐ Current (non-expired) Driver's License or State ID; Immigration verification (green card); Birth certificate; Immunization records, with government seal or letterhead; passport; Certificate of Naturalization

Social Security Number Verification (One (1) form for EACH member of household)
Acceptable Documents documentation must include full name and full social security number**:**
Exemption: no SS required for newborns within first 60 days of birth, If not available

- ☐ U.S. Social Security Administration (SS card); or official **STAMPED** document from: Florida Department of Children and Families; U.S. Department of Veteran's Affairs; U.S. Internal Revenue Service; official school documentation (i.e. transcripts)

Two (2) separate verifications of Hillsborough County residency with physical address
Acceptable Documents at least one verification must be at current physical address**:**

- ☐ Driver's license or state ID; Current lease agreement; Mortgage Statement; Homestead Exemption Documentation; Verification of Home Ownership; Rent receipt listing: date, property address, landlord's name and contact information (excluding motel, hotel, or extended stay receipts); Public utility (water, gas or electric) bill *NO Counter Bills; Vehicle registration; Voter registration card; Verification of child school enrollment; Recent historical record of residence documented through a County department or other social service agency's case record; Canceled mail (envelope) from a federal, state, or county agency; and/or Declaration of Domicile recorded **STAMPED** with the Clerk of the Circuit Court of Hillsborough County

Verification of income (**Gross income for ALL household members** for the **past 30 days**, from date of application
Acceptable Documents

- ☐ Employment pay statement; award letters or print out for: SSA benefit; Unemployment; Temporary Assistance for Needy Families (TANF); Affidavit of Support, Child Support, Alimony, Workman's Compensation, Pension/Retirement/Cost of living allowance; Strike Benefits from Union Funds; Foster Independent Living Programs payments; Annuity/Insurance; Education Assistance (allotted for living expenses); Long term/Short Term Benefits; Rental income receipts or statements; Bank Statement (eBay, PayPal, and cash deposits only); Crimes Compensation letter; Other income **(If applicable: Employment Verification form; Certificate of Relative/ Friend Financial Assistance form; Letter on letterhead from last employer with dates and gross wages) For non-verifiable income (Self-Employment: Odd jobs or paid in cash, Cash from a relative or friend, or No income): Self-Declaration form**

Verification of Resources, Acceptable Documents (if applicable):

Current award letter for: ☐ Food Stamps; ☐ Section 8/HUD/THA

Community Service Block Grant (CSBG) department forms

- Customer Case Set-up Applicant worksheet
- Notice Regarding Collection of Social Security Number form
- Applicant Acknowledgements and Agreements form **(Required for each head of household)**
- Grant Only form **(Complete bottom portion only with Signature of Applicant(s) and date signed)**
- Self-Declaration (if undocumented/no income) all adults 18 and over in household.

Scholarship Application required forms

- Recommendation form
- Official school transcript. **(If mailed send to PO Box 1110 Dept. of Social Services 24th flr. Tampa, FL 33601) (If faxing official transcripts must be sent directly from school administration/registrar to (813) 276-8593).**

Scholarship Essay: Minimum two (2) pages typed double spaced, 1" margins all around Arial/Times new Roman Font

- ☐ The essay should address the following questions:
  - Why should you be selected for the award?
  - What are your academic strengths and weaknesses?
  - What are your career goals?
  - What extenuating circumstances might prevent you from entering college?
  - What are your plans to fund your post-secondary education beyond this scholarship?

HILLSBOROUGH COUNTY SOCIAL SERVICES

SELF DECLARATION OF INCOME

Case Name _____ **Case Number** _____

This form is to be completed and signed by **each** household members 18 years old and older claiming **UNDOCUMENTED** or **ZERO** income for any period in the last 30 days.

Your relationship to the applicant:

Please select all that apply to you:

Self-Employment (paid to you in case) **Amount:** **$** _____

Child Support (paid to you in cash) **Amount:** **$** _____

Relative or friend assistance (paid to you in cash) **Amount:** **$**_____

No income **Amount:** **$**_____

Comments:

_____

_____

_____

Declaration

I,_____, state that I had $ _____ income

from the sources listed above during the period from _____ to

_____.

I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding

Information of giving false information may result in denial of services.

Customer Signature _____ Date: _____

Customer Case Set-Up Worksheet

Office Use Only
Case Name:
Case #:

Please complete the following information. Enter the names of everyone living at your address. Start with your name first, co-applicant, your children (oldest to youngest) followed by everyone else living in your address. **PLEASE PRINT**.

				Self, Spouse, Daughter, Son, Sister, Brother, Niece, Nephew, Etc.		**H**=Hispanic /Latino **O**=Other	**A**=Asian **B**=Black/African American **I**=Amer. Indian/Alaska Native **P**=Native Hawaiian/Pacific Islander **W**=White	Last Grade Completed (Ex: K-12, College, Associates, Bachelors)	State, Province, Country	Circle One		
Legal Name Last Name, First Name	Age	**Complete** Social Security Number	Date of Birth	Relation to You	Sex	Ethnicity	Race	Education	Place of Birth	US Citizen	Vet	Disabled
				Self						Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No
										Yes/No	Yes/No	Yes/No

Applicant's Marital Status: **(circle one)** Married / Divorced / Separated / Widow / Single

Housing Status (**check one**): Rent [ ] Own [ ] Homeless [ ]

Residence Address: _____ _____ _____ _____ Phone: _____
Street, Apt # City State Zip

Mailing Address: _____ _____ _____ _____ _____ Email: _____
Street, Apt # PO Box City State Zip

How can we help you today? _____

HOUSEHOLD INCOME SOURCE (ESTIMATE)	Amount Earned (past 30 days)	RESOURCES APPLIED/ENROLLED	Receiving Benefit
Employment Earnings		Food Stamps	
Social Security, SSI, SSD, Survivor Benefit		Section 8 / Subsidized Housing	
Unemployment Compensation		**Family and Friends paid rent/bills**	
TANF/AFDC		Other Assistance	
Workman's Compensation			
Pension, Retirement			
Strike Benefits			
Foster Independent Living Program payment		ASSETS / POSSESSIONS (RENT ONLY)	Value
Education Assistance			
Disability or other Insurance payments		Checking / Savings Account	
Annuities, IRA		Additional Auto/Motorcycle/Boat/Recreation Vehicle	
Rental Income		Property (other than primary residence)	
Crimes Compensation		Insurance Policy (with cash value)	
Veterans Benefits		IRA / CD / 401K / Deferred Comp. Accounts	
Alimony		Stocks / Bonds	
Child Support		Credit Union Account	
Self-Employment – Paid in Cash		Other Assets	
Family and Friends - Cash			
Other Income			

Please explain how you have managed to pay your monthly bills (rent, utilities, food) in the past. _____

_____

Please explain what happened that caused you to fall behind in paying your monthly expenses. _____

_____

Please explain how you plan to pay your bills in the future. _____

_____

If your DCF case, bank statement or lease list someone that is currently not in your household. Please explain why they are listed. _____

_____

I certify the information listed above is complete and accurate to the best of my knowledge. I understand withholding information or giving false information may result in denial of services.

Print Name: _____ Signature: _____ Date: _____

NOTICE REGARDING COLLECTION OF SOCIAL SECURITYUMBERS COMMUNITY SERVICES BLOCK GRANT PROGRAM (CSBG) LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Community Services Block Grant Program, the Low Income Home Energy Assistance Program and the Emergency Home Energy Assistance for the Elderly Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income. **(LIHEAP & EHEAP)**

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity, the Department of Elder Affairs, the Area Agency on Aging and Hillsborough County, a Political Subdivision of the State of Florida for the purposes specified above.

Non-disclosure except under limited circumstances.
Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice
I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the:

☐ EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
☐ LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
☐ COMMUNITY SERVICES BLOCK GRANT PROGRAM

_____ _____
Date Applicant's Signature

Social Services Department

Acknowledgements and Agreements Form

Reimbursement Agreement

For Ad Valorem (GA) Funding assistance only:

For value received, I hereby irrevocably and unconditionally agree to reimburse Hillsborough County for all hospital, medical and financial assistance rendered to me by or on behalf of Hillsborough County. I hereby authorize and direct my attorney to protect the interests of Hillsborough County for all such hospital, medical and financial assistance and authorize and direct my attorney to make payment from any judgment or settlement on my behalf direct to the Hillsborough County Social Services Department for any and all sums due or owing to Hillsborough County. I recognize, however, my continuing, personal liability for all such hospital, medical and financial assistance rendered to me by or on behalf of Hillsborough County and agree to reimburse the Hillsborough County Social Services Department within ten (10) days after demand therefore by the Hillsborough County Social Services Department on behalf of Hillsborough County. I agree to pay all costs of collection including a reasonable attorney's fee in the event that this obligation is placed in the hands of an attorney for collection.

Customer Signature	*Date Signed*
Customer Printed Name	*Witness (Social Services Worker)*

Applicant Acknowledgements and Agreements

For ALL assistance:

Falsifying Information

I understand if I provide information which I know is untrue to obtain Social Services assistance or other public assistance benefits, my benefits may be terminated and I may be prosecuted under applicable law.

Social Security Number Disclosure

In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Social Services Department discloses to you your social security number is requested by the Department for the purpose of verification of information to determine or verify eligibility for Hillsborough County Social Services assistance benefits and other public assistance benefits, identity verification, verification of past or current employment, criminal history checks, income reporting, and asset verification and to process payments for assistance through the Hillsborough County Clerk of the Circuit Court and will be used solely for one or more of those purposes. The Hillsborough County Clerk of the Circuit Court collects your social security number for the purpose of processing payments on behalf of the Department. The Clerk of the Circuit Court has advised us that your social security number is used by the Clerk of the Circuit Court for no other purpose than stated above.

Release of Information Authorization Agreement

I hereby grant permission to and authorize any bank, building association, insurance company, real estate company, or any financial institution, savings and loan, credit union, or credit agency of any kind or character to disclose to any accredited employee of the Social Services Department full information as to my past, present or future bank accounts, earnings, insurance policies, property, or legal action for the purposes of determining or verifying eligibility. In connection with my application for assistance, I understand that all information I provide will be verified, which may include computer file matching and that I may be requested to provide other information as a result. I agree that reproductions or copies of this signed release of information authorization are as valid as the original.

My signature acknowledges I have read and will comply with each of the above statements and agreements.

Customer Signature	*Date Signed*
Customer Printed Name	

Revision Date 7/29/16

Hillsborough County Florida

Post Office Box 1110
Tampa, Florida 33601
(813) 272-5314
Fax: (813) 276-8445

PHOTO/TALENT RELEASE

I, _____, hereby irrevocably consent to and authorize the use and reproduction by Hillsborough County, its employees, agents, heirs and assigns of any and all purpose whatsoever. I further understand that by giving consent, I relinquish the right to compensation for any use of reproduction whatsoever of my personal image. All negatives, proofs, tapes, and copies, together with said prints and tapes, shall be deemed the sole and complete property of Hillsborough County.

Talent/Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of Talent: _____

IF THIS RELEASE IS BEING SIGNED BY A PERSON LESS THAN EIGHTEEN (18) YEARS OF AGE, THE FOLLOWING MUST BE COMPLETED.

The undersigned is the parent/legal guardian of the above-mentioned minor and is entitled to the sole care, custody and control of said minor.

I understand that by placing my signature on the line below I am legally consenting to the execution of this release by the aforementioned minor, that I am familiar with all the terms contained therein and that the minor shall fully and completely comply with all terms of the release. I further represent, agree and guarantee that I will not revoke or cancel such consent during the minority of the minor.

Signature of Parent and/or Guardian:

_____ Date: _____

Witnessed by: _____

Case Name: _____ Case Number: _____

GRANTS ONLY: I, the undersigned, do hereby certify that there are _____ persons residing in my household. I further certify that our annual gross income is $_____ and that the information furnished by me for this form is true and correct to the best of my knowledge.

Office use only

I am aware that I am responsible for cooperating and assisting fully in the determination of my eligibility. In addition, I will return all requested information, allow a health and Social services worker to visit my place of residence; keep the worker informed of my current address and changes in household composition, report changes in earnings, assets and/or receipt of monies. If I am unable to provide the information my social worker has requested by my appointment date, I understand that I will be required to schedule another appointment to complete the determination of my eligibility. I understand there is a law providing for imprisonment and/or fine for anyone withholding or giving false information or receiving assistance to which he/she is not entitled. This is to certify the information I have given is correct.

Signature of Applicant **Date**	**Signature of Co-Applicant** **Date**
Witness (if signed with "X") **Date**	**Supervisor's Signature** **Date**
Worker's Signature **Date**	