

# Goochland Community Action Scholarship Application

## Scholarships for Job Related Preparedness

The Goochland Community Action program has scholarship opportunities for up to \$5,000 to assist students pursue their education. This can include courses at a community college, university or a technical school. The goal is to assist individuals to be employment ready.

### Requirements:

1. The student must be 18 years or older and reside in Goochland County, Virginia. The gross income of the student/family must be at or below 200% of the poverty income level. The poverty scale is listed on the last page of this application.
2. We are accepting applications until the funds are gone. Funds will be sent directly to the students account at the school.
3. Please return the application:

Mail: Goochland Social Services, P.O. Box 34, Goochland, Va 23063  
Deliver: 1800 Sandy Hook Road, Suite 200, Goochland, VA 23063  
Fax: (804) 556-4718  
Email: gdssdocuments@goochlandva.us

We are inviting income eligible individuals to apply for a scholarship for job training and/or certification. Are you exploring a career in the technical or trades field? Is the cost of the course or licensure preventing you from enrolling in a school or becoming certified?

Complete this application and explain the skill you would like to obtain, the cost of the program, and how long it will take to become certified or employed.

### Who is eligible?

Goochland residents that seek training in a technical or health based field to further their education. Career aspirations include, but are not limited to:

- Nursing, Certified Nursing Assisting or Certified Medical Assistance programs
- Commercial Driver's license programs
- Welding, HVAC or welding programs
- Plumbing, Construction, or carpentry programs
- Automotive/Mechanics courses

**What is the name of the school that you will attend?**

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**List the type of program/school:**

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**School Phone number:**

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**Contact person/Enrollment department number:**

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**Address of program:**

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**Cost of the program?** \_\_\_\_\_

**At the end of the training, will you be certified?** \_\_\_\_\_

**Is there a test that must be passed for certification?** \_\_\_\_\_

**How much does the test cost?** \_\_\_\_\_

**What is the cost of the materials for the course/training?** \_\_\_\_\_

**Please share your career ambitions. What type of employment, skill set or career will this training lead to? Please provide a detailed explanation.**

**If awarded this scholarship, the participant will have to provide progress reports. Are you willing to provide quarterly updates?**

**Please include any additional information that may help us during the review period.**

## Goochland Community Action Scholarship Application

Legal Name: \_\_\_\_\_

Cell Phone/Home Number: \_\_\_\_\_

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

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

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

**Individuals in the home, including yourself: Marital Status options: Divorced, Married, Never Married, Single, Separated, Widowed**

<b>If 18, please list self here. If under 18, please start with the Head of the Household. List all members of the family.</b>	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed</b> or <b>Unemployed</b> <b>Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes</b> or <b>No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military</b> or <b>Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male</b> or <b>Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____
Race:	Ethnicity: (circle answer choice) <b>Hispanic, Not Hispanic, Other:</b> _____
Does your family currently receive SNAP or TANF? (circle answer choice) <b>Yes, No, Case pending</b> If so, which program? <b>SNAP</b> or <b>TANF</b>	

<b>Person 2</b>	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed</b> or <b>Unemployed</b> <b>Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes</b> or <b>No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military</b> or <b>Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male</b> or <b>Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless,</b> <b>Other:</b> _____

## Goochland Community Action Scholarship Application

Person 3	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed or Unemployed Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes or No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military or Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male or Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____

Person 4	
Name (First and Last)	Do you have health insurance? <b>YES</b> or <b>NO</b> If so what type? (circle answer choice) <b>Medicaid, Medicare, Employment based, Other:</b> _____
Date of Birth:	Work Status: (circle answer choice) <b>Employed or Unemployed Part-Time, Full-time, Other:</b> _____
Social Security #	Is this person legally disabled? (circle answer choice) <b>Yes or No</b>
Marital Status:	Military Status: (circle answer choice) <b>Veteran, Active Military or Not applicable.</b>
Relationship to applicant:	Gender (circle answer choice): <b>Male or Female</b>
Education Level:	Housing Status: (circle answer choice) <b>Own, Rent, Homeless, Other:</b> _____

**PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION:**

- I certify that all of the information provided on this application is accurate. Failure to report accurate information will be considered fraud. This includes failing to report all persons living in the household, failing to report all income from all sources, failing to report all bank accounts, making false statements and withholding information.
- Funds are limited and awarded on a first come, first serve basis.
- It is my responsibility to provide all required documents to the agency within 10 calendar days of submitting an application. This includes accurate addresses and phone numbers. Failure to provide documents will result in this application being denied. Completion of this application gives the agency permission to verify sources of income. Approval of funds is contingent upon meeting Goochland Community Action guidelines and the availability of funds. I fully understand the above statement. Any refund of fees for not attending the program will be returned to the Goochland Community Action program.

## Goochland Community Action Scholarship Application

<b>Print Name:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

**Income (Verification required for all income received within the past 30 days)**

Name of Person with income	Gross Amount	How often received	Source of Income (employment, SSI, Child Support
<b>TOTAL HOUSEHOLD INCOME:</b>			

**Income Limits**

Size of Household	200%
1	25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320

**For office use only:**

Total number in Family:  
 Goochland Resident:  
 Signature:

Total Income:  
 Approved Denied  
 Date: