

2023-2024 Nimbus Scholarship/Financial Assistance Form

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Nimbus programs are partially funded by a Community Development Block Grant from the City of Jersey City. As a recipient of this grant, Nimbus is responsible for collecting demographic information on program participants. This application will be used solely for grant reporting purposes. The information will NOT be identifiable and will only be shared as a general percentage. Please answer every question on this form, incomplete forms will not be accepted.

Name of Program:

Date: _____

Student Name: _____ Age: _____ D.O.B. _____

Guardian Name: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Family/Individual Status (please check the appropriate spaces):

Gender Identification: Male ___ Female ___ Other ___ Disabled: Yes ___ No ___

Married: Yes ___ No ___ Homeless: Yes ___ No ___

Female HOH: Yes ___ No ___ Veteran: Yes ___ No ___

Source of Income

Are you currently employed? Yes ___ No ___

What is your current annual household income? \$ _____ *

Are you eligible for the free lunch program? Yes ___ No ___

Are you currently paying School Loans? \$ _____ * (Annual Amount)

Estimated income Lost Due to Covid \$ _____ * (Annual Amount)

Parent/Guardian Education Level (please check the highest level of education completed):

Grammar School _____

High School _____

College _____

Post Graduate _____

Which of the following forms of income/benefits are you receiving?

(please indicate the appropriate spaces):

Temporary Assistance for Needy Families (TANF) _____

General Assistance _____

Supplemental Security Income (SSI) _____

Social Security Disability (SSD) _____

Social Security Benefits _____

Veteran Benefits _____

Unemployment Benefits _____

Other Retirement Benefits _____

Personal Health

Have you received treatment for:

Substance Abuse: Yes _____ No _____

Mental Illness: Yes _____ No _____

Other (please specify) _____

Please insert the appropriate family size and income for your household

Family Size: _____ Household Annual Income: _____

Please attach proof of household income to this application in the form of two most recent pay stubs and/or most recent tax return.

Ethnic Breakdown (please identify your ethnicity by checking the appropriate space):

	<u>Non-Hispanic</u>	<u>Hispanic</u>
White	_____	_____
African American/Black	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
Asian	_____	_____
American Indian	_____	_____
Other Multi-Racial	_____	_____

Under penalty of perjury, I affirm that my income is within Community Development Block Grant guidelines for financial eligibility to participate in the federally funded program. I certify that the statements made by me are true. If they are willfully false I will be subject to the penalty of the law.

Guardian Signature: _____ Date: _____

Office Use Only:	Percentage Awarded:	
	Dollar Amount Awarded:	

Nimbus Staff Signature: _____ Date: _____