Welcome

The Adams County Career Aid Project (ACCAP) is a grant program that was created in 1980 to assist low-income local youth and adults with costs related to post-high school education and training. **Applicants must be Adams County Residents in order to receive funds.** Any grant is paid in the form of a check to the college or program. It is our hope to provide applicants with some financial support for their continued learning, career development, and personal success. Because ACCAP grants are modest, we encourage all applicants to identify and pursue other resources. Occasionally, we have been able to direct applicants to other sources of funding.

Applicants must provide the following items:

- Completed grant application form
- Copy of photo identification
- Completed ACCAP questionnaire: Getting to Know You
- Copy of the acceptance letter from applicant’s college or program
- Completed Common Application for Assistance
- Release of information
- Completed monthly expenses sheet
- Pay stubs for last 30 days or copy of income tax return
- Copy of invoice or bill from applicant's college or program
- Copy of complete FAFSA
- **Two letters of recommendation (First-time applicants only)** One letter must be from an employer, teacher, church leader, or other professional. No relatives or significant others. Included in both letters must be the length of time the person has known the applicant, in what capacity, and the reasons the person believes the applicant will succeed in his or her chosen program.
- Copy of grades/GPA from college previous semester (if applicable)
- Completed Pay It Forward (if applicable)

Return completed application to: Martin Luther King, Jr. Adams County Career Aid Project
153 N. Stratton Street, Gettysburg, PA 17325 • 717-334-7634, ext. 155
To be considered for a Martin Luther King, Jr. ACCAP Grant, please complete and submit this application. All applications are reviewed on a case-by-case basis. If you have any questions regarding this application, call Tonya Mincey (717) 334-7634, x 155, or email tmincey@sccap.org.

Date of Application _______ / _______ / _______

PERSONAL INFORMATION

First name: ___________________________ Last name: ___________________________

Street address: _________________________________________________________________

City: ___________________ State: _______ Zip code: ___________________________

Phone: ___________________ Email address: _____________________________________

Date of birth _______ / _______ / _______

Parents or Guardian(s) [if dependent]: ___________________________________________

Street address: _________________________________________________________________

City: ___________________ State: _______ Zip code: ___________________________

Phone: ___________________ Email address: _____________________________________

EDUCATIONAL INFORMATION

High School last attended: ______________________________________________________

High School Graduate? □ Yes □ No Month/Year ___ / ___ GED? □ Yes □ No ___ / ___

Current/Proposed School: ___________________________ Major: ___________________

Anticipated Start Date: ___ / ___ / ___ Anticipated Graduation Date: ___ / ___ / ___

Requesting aid for: □ College: ___________________________ What year? □ 1st □ 2nd □ 3rd □ 4th

□ Training Program: ___________________________ What year? □ 1st □ 2nd □ 3rd □ 4th

Have you received a grant from ACCAP before? □ Yes □ No If Yes, when: ___ / ___

Amount received: ___________________ Requesting amount: ___________________________

Reason for request: _____________________________________________________________
(For example, tuition, books, etc.)

Signature _______________________________________________________________________

I agree that all the information provided above is correct.

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Getting to Know You

All applicants for the Martin Luther King, Jr. Grant are valuable, contributing members of our community. Please take this opportunity to tell us about yourself, including past achievements, current goals, and what your future looks like.

PERSONAL INFORMATION

First name: ______________________________  Last name: ______________________________

ALL ABOUT YOU

Who are you? What are your values? When did you know you wanted to further your education? How are you different from other applicants? Why is your education important to you? Use the reverse of this form for more space. Please write legibly in ink.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

YOUR CAREER

What are your career goals and how will this funding help you achieve them?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

YOUR FUTURE SELF

Where do you see yourself in 5–10 years?

____________________________________________________________________________________

____________________________________________________________________________________
AUTHORIZATION FOR RELEASE OF INFORMATION

CASE IDENTIFICATION

<table>
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<th>COUNTY</th>
<th>MLK/ACCAP</th>
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NAME

______________________________________________________________________________

ADDRESS

______________________________________________________________________________

ZIP CODE

______________________________________________________________________________

I hereby authorize and request the disclosure to Martin Luther King/Adams County Career Aid Project to contact reliable sources for knowledge and information pertinent to verification of: identity, residence, employment, education and training activities, family size and composition, income, and any additional information pertinent to eligibility for the grant for myself and/or those individuals on whose behalf benefits are paid. I understand that the information obtained will be used only for purposes directly related to the determination of eligibility for the MLK/ACCAP grant.

____________________________________  _________________
APPLICANT  DATE

____________________________________  _________________
GUARDIAN  DATE

____________________________________  _________________
MLK/ACCAP  DATE

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MONTHLY EXPENSES

All applicants for the Martin Luther King, Jr. Grant must complete this form, which captures the details of your current financial situation and provides necessary information to the Approval Committee. All information provided is kept confidential and used solely for grant purposes.

PERSONAL INFORMATION

First name: ___________________________   Last name: ___________________________
Number in Household: ___________________

MONTHLY INCOME

| Pension: | Social Security: | VA: |
| Unemployment: | SSI: | Child Support: |
| Wages: | Disability: | Alimony: |
| Welfare (cash): | Foster Care: | Workman’s Comp: |
| Medical Assistance: | Food Stamps: | Housing Authority: |
| Other: | Other: | TOTAL NET MONTHLY INCOME: |

MONTHLY EXPENSES

| Food (in addition to food stamps): | School lunches/snacks: | Work lunches: |
| Rent/Mortgage: | Electric: | Gas/Propane: |
| Kerosene/Wood/Other: | Telephone: | Cell Phone: |
| Water/Sewer: | TV Cable: | Internet: |
| Medicine: | Doctor: | Hospital: |
| Dentist: | Gas/Transportation: | Car Payments: |
| Car Insurance: | Garbage: | Life Insurance: |
| Hospitalization: | Homeowners Insurance: | Renters Insurance: |
| Credit cards: | Cigarettes: | Alcohol: |
| Childcare: | Diapers: | Clothing: |
| Furniture: | Appliances: | Support/Alimony: |
| Laundry: | Fines: | Loans: |
| Other: | Other: | TOTAL MONTHLY EXPENSES: |

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PAY IT FORWARD

To receive any subsequent years of funding after your first year, we require you to volunteer in the community. Use this form to verify your service.

We encourage you to pay it forward by volunteering at the SCCAP Food Pantry, Support Circles Initiative, Homeless Shelter, Soup Kitchen, Adams County Public Library, Adams County SPCA, United Way, or similar organizations

PERSONAL INFORMATION

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<th>DATE</th>
<th>SUPERVISOR SIGNATURE &amp; CONTACT PHONE # OR EMAIL</th>
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**SCCAP Common Application**

By signing below, I attest that information is true to the best of my knowledge. Information will be used to determine eligibility and for statistical purposes required by SCCAP Funders. At no time will your family’s identifying information be shared. All information is maintained in accordance with the Privacy Act of 1974. SCCAP, Inc. does not discriminate on the basis of sex, race or national origin.

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<th>Date</th>
<th>Signature of Applicant</th>
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**INFORMATION BELOW SHOULD BE FOR PERSON COMPLETING APPLICATION (ADDITIONAL FAMILY MEMBERS ENTERED ON THE BACK)**

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<th>Phone Number:</th>
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Please put an X in the box of the option(s) that best describes you and your household.

**Gender:**
- Male
- Female
- Other

**Marital Status:**
- Single
- Married
- Partner
- Separated
- Divorced
- Widow

**Ethnicity:**
- Hispanic/Latino
- Non-Hispanic/Latino

**Race:**
- American Indian
- Asian
- Black
- White
- Hawaiian/Pac. Islander
- Multi-Race
- Other

**Education:**
- 0-8 grade
- 9 - 12 grade/non graduate
- GED or Diploma
- 12th grade plus post secondary
- 2 - 4 year college
- Graduate of Other Post secondary

**Currently In School**
- Yes
- No

**Health Insurance:**
- Medicaid
- Medicare
- CHIP
- HIP
- Military Health Care
- Direct - Purchase
- Employment Based

**Military Status**
- Veteran
- Active Military
- Disabling Condition
- Yes
- No

**Work Status**
- Employed Full Time
- Employed Part Time
- Migrant Seasonal Farm Worker
- Unemployed Short Term (6 mths or less)
- Unemployed long term (6 mths or more)
- Unemployed (no longer looking)
- Retired

**Non Cash Benefits**
- SNAP
- WIC
- LIHEAP
- Permanent Supportive Housing
- Section 8 (Housing Choice)
- CCIS
- ACA Subsidies
- HUD-VASH (Veteran’s housing)
- Public Housing
- Other

**Address Line One:**

**Apt/Lot:**

**Address Line Two:**

**City:**

**State:** Pennsylvania

**Zip:**

**County:**

**Family Type:**
- Single Parent - Female
- Single Parent Male
- Single Person
- Two Adults/No Child
- Two Parent Household
- Non-Related Adults with Children
- Multi-Generational Household
- Other

**Housing Situation:**
- Rent
- Own
- Other Permanent Housing
- Homeless
- Other

Application Continued on Back - Not Complete until Income Portion is Completed! Thank you!
### ADDITIONAL HOUSEHOLD MEMBERS - CIRCLE Y FOR YES, N FOR NO, OR FILL IN BLANKS USING KEY BELOW

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### Income Should be Based on the Last 30 Days

**Employment Options:**
- F - Full Time
- P - Part Time
- M - Migrant
- U - Unemployed Short Term (0 - 6 months)
- Un - Unemployed Long Term (6 + months)
- Une - Unemployed No Longer Looking
- R - Retired
- N - Not Working

**Employment:**
- $ Income

**Child Support:**
- $ Income

**Alimony or Spousal Support:**
- $ Income

**Social Security (Retirement):**
- $ Income

**SSI (Disability - low income):**
- $ Income

**SSD (Disability):**
- $ Income

**Private Disability Insurance:**
- $ Income

**Workers Compensation:**
- $ Income

**Unemployment:**
- $ Income

**TANF (Cash from CAO):**
- $ Income

**Pension:**
- $ Income

**VA Non-Service Connected Disability Pension:**
- $ Income

**VA Service Connected Disability:**
- $ Income

**Earned Income Tax Credit (EITC):**
- $ Income

**Other:**
- $ Income

### Health Insurance Status

- M - Medicaid
- MM - Medicare
- C - CHIP
- H - HIPP
- Mi - Military Health Care
- D - Direct Purchase
- E - Employment Based

### SCCAP Offices

**Adams County**
- 153 N Stratton St.
- Gettysburg, PA 17325
- 717-334-7634
- www.sccap.org

**Franklin County**
- 533 S Main St.
- Chambersburg, PA 17201
- 717-263-5060