



EDUCATION IS YOUR PASSPORT PROGRAM

SCHOLARSHIP APPLICATION

Applicant Name/High School: _____		
STUDENT INFORMATION		
Date:	Date of Birth (mm/dd/yyyy):	Social Security Number:
Telephone Number:	Email Address (print legibly):	
Street Address:		
City:	State:	Zip Code:
PARENT/LEGAL GUARDIAN INFORMATION		
Mother's Name (or Guardian) and Email:		Father's Name (or Guardian) and Email:
Home Telephone Number:		Home Telephone Number:
Mobile/Alternate Number:		Mobile/Alternate Number:
Household Income REQUIRED (indicate with an "x") – Attach copy of previous year W-2 or W-2 Transcript *		
<u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 <u> </u> 8		
* Request Transcript at www.irs.gov/Individuals/Get-Transcript		

SCHOOL INFORMATION

Applicant Name/Current High School:		
School Street Address:		
City:	State:	Zip Code:
Guidance Counselor's Name:	Counselor's Telephone Number/Email:	
Current GPA:	Weighted GPA (If applicable):	
List of extracurricular activities (Add additional sheet if necessary):		
Community Service/Involvement:		
Scholarships, Honors and Awards Received (Add additional sheet if necessary):		
College To Be Attended:	Planned College Major:	
Signature of Applicant:	Signature of Parent or Guardian:	

I agree that all information completed on this application and documents submitted are true to the best of my knowledge. I understand that application and submissions will be used for purposes of determination of admission to the Giving Hope & Help-Education Is Your Passport Program. I also understand that completion of application does not guarantee admission or benefits of the program.

Initial here to agree

RECOMMENDATION/ADDITIONAL INFORMATION

Federal TRIO Programs Current-Year Low-Income Levels

(Effective **January 18, 2018** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8	\$63,570	\$79,470	\$73,125

For family units with more than eight members, add the following amount for each additional family member: \$6,480 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,100 for Alaska; and \$7,455 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the [Federal Register](#) on January 18, 2018.