



CITY OF LONGVIEW

TECHNICAL JOB TRAINING SCHOLARSHIP GRANT APPLICATION INSTRUCTIONS

You are applying for a technical job training scholarship grant from the city of Longview. The grant is federally funded entirely from the community development block grant funds received from the U.S. department of housing and urban development (HUD).

Technical job training scholarship grants are available in an amount up to \$1,500 per grant per semester to qualified applicants. Scholarship grants may be used for tuition and/or books only.

To be eligible, applicants must meet the following criteria:

1. Submit a completed grant application with all backup documentation requested.
2. Primary household residence must be within the city limits of Longview.
3. Total household income must not exceed income limit per size of household as listed below:

<u>FAMILY SIZE</u>	<u>MAXIMUM INCOME</u>
1 _____	\$ 31,850
2 _____	\$ 36,400
3 _____	\$ 40,500
4 _____	\$ 45,500
5 _____	\$ 49,150
6 _____	\$ 52,800
7 _____	\$ 56,450
8	\$ 60,100

List all income and assets of all household members where requested.

IF YOU DO NOT LIST ALL RELATED HOUSEHOLD MEMBERS OR INCLUDE MEMBERS NOT PERMANENTLY LIVING IN YOUR HOUSEHOLD YOUR APPLICATION WILL AUTOMATICALLY BE DENIED. HOUSEHOLD INCOME AND INFORMATION WILL BE VERIFIED.

4. Provide proof of enrollment in one of the following local educational facilities: Kilgore College, Panola College, Tyler Junior College or Texas State Technical College Marshall.
5. Provide proof of enrollment in a technical job training program such as automotive mechanics,

licensed vocational nursing, welding, laboratory assistant, dental hygienist, etc. **GENERAL COURSE STUDIES WILL NOT QUALIFY.**

6. Furnish statement from educational facility of cost of tuition/books. Note: scholarships for qualified applicants will be made payable directly to the educational facility on the student applicant's behalf. **NO REIMBURSEMENTS WILL BE MADE FOR COSTS PAID PREVIOUSLY BY ANY OTHER FORM OF GRANT OR SCHOLARSHIP.**

Application may be made for one semester at a time. If applying for a second grant for an additional semester, must show proof of passing GPA in previous semester.

PLEASE SUBMIT ALL BACKUP INFORMATION REQUESTED WHEN RETURNING THIS GRANT APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

CAREFULLY READ AND ANSWER EACH QUESTION, AND THEN SIGN THE APPLICATION.

If you have any questions, call The Community Development Office for assistance at 903-237-1204.



CASE # _____
DATE RECEIVED _____
ORDER # _____
(FOR OFFICE USE ONLY)

Fiscal Year 2012-13

CITY OF LONGVIEW

TECHNICAL JOB TRAINING SCHOLARSHIP GRANT APPLICATION

PLEASE ANSWER ALL QUESTIONS. Incomplete applications will be returned with the noted deficiencies and will not be eligible for review during the current funding cycle.

APPLICANT'S NAME: _____ E-MAIL: _____

ADDRESS: _____ TELEPHONE: _____

CITY/STATE/ZIP: _____ TELEPHONE: _____

ARE YOU A U. S. CITIZEN? YES NO

ARE YOU RELATED TO A HOUSING/COMMUNITY DEVELOPMENT EMPLOYEE? YES NO

If yes how are you related? _____

BOTH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED (for statistical purposes only):

Choose one ETHNICITY:

- Hispanic or Latino
- Not Hispanic or Latino

Choose one RACE:

- White
- American Indian or Alaska Native
- American Indian or Alaska Native and White
- Black or African American
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Asian
- Asian and White
- Native Hawaiian or Other Pacific Islander

EDUCATIONAL FACILITY:

- Kilgore College
- Tyler Junior College
- Texas State Technical College Marshall

SEMESTER / YEAR ENROLLED:

- Fall 20__
- Spring 20__
- Summer 20__

TECHNICAL PROGRAM ENROLLED IN: _____

(Attach printout from educational facility confirming enrollment and course of study)

SCHOLARSHIP AMOUNT REQUESTED (NOT TO EXCEED \$1500): \$ _____

(Attach detailed statement from educational facility of amount(s) due for tuition and/or books)

HOUSEHOLD COMPOSITION

List all related household members residing in the home (include yourself)

NAME	Social Security #	Relationship to Applicant	Birth Date	Age	Sex M/F

HOUSEHOLD INCOME

(Income for every related household member must be reported-you will be required to submit latest income tax records)

Name	Place of employment	Address and phone #	Salary per hour, week, month	Years employed

PREVIOUS EMPLOYER INFORMATION IF EMPLOYED AT CURRENT JOB LESS THAN 1 YEAR

PREVIOUS EMPLOYER _____ EMPLOYMENT DATE _____

ADDRESS _____ PHONE # _____

INCOME AND ASSETS OTHER THAN WAGES

List the amount of any of the following income received from any related household member –

ALL INCOME AND ASSETS MUST BE REPORTED

<i>Name of person receiving benefit</i>	<i>Benefit received</i>	<i>Amount</i>
	V.A.	
	Pension / Retirement	
	Social Security / SSI	
	Unemployment Compensation	
	AFDC	
	Child Support	
	Earned Interest / Income from assets	
	<u>Any</u> other income	

BANK/FINANCIAL INSTITUTION	ACCOUNT NAME	ACCOUNT NUMBER

LIST ALL PROPERTIES OWNED BY HOUSEHOLD AND APPRAISED VALUE(S):

_____ \$ _____
 _____ \$ _____

LIST ANY STOCKS, BONDS, TRUST FUNDS, OR SIMILAR ASSETS, WHICH ARE IN YOUR NAME OR ARE AVAILABLE TO YOU AND APPROXIMATE VALUE(S):

_____ \$ _____
 _____ \$ _____

IF YOU DO NOT OWN STOCKS, BONDS, ETC., CHECK "NONE" HERE: NONE

TO BE CONSIDERED, YOU MUST ATTACH THE FOLLOWING INCOME/BENEFIT DOCUMENTS FOR EACH RELATED HOUSEHOLD MEMBER 18 YEARS OF AGE AND OLDER AS APPLICABLE:

1. CURRENT INCOME TAX RETURN OR, FOR ANY HOUSEHOLD MEMBER WHO DOES NOT FILE INCOME TAX
2. THREE (3) CURRENT BANK STATEMENTS.
3. THREE (3) CURRENT EMPLOYMENT CHECK STUBS.
4. YEARLY AWARD LETTER(S) FOR BENEFITS RECEIVED AS LISTED ON APPLICATION.
5. PRINTOUT OF CHILD SUPPORT PAYMENTS.
6. STATEMENTS/RECEIPTS OF EARNED INTEREST OR INCOME FROM ASSETS.
7. NOTARIZED STATEMENT OF "NO INCOME" FOR ANY HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER WHO HAVE NO PERSONAL INCOME OR BENEFITS.
8. DOCUMENTATION OF ANY OTHER INCOME.

***ALL INCOME WILL BE VERIFIED.**

CERTIFICATIONS AND AUTHORIZATION

I (WE) HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE.

I (WE) AUTHORIZE THE CITY TO OBTAIN THE NECESSARY VERIFICATIONS AND DOCUMENTATION REQUIRED FOR THE PURPOSE OF VERIFICATION OF EMPLOYMENT, ASSETS, LIABILITIES, OR OTHER DATA FOR THEIR CONFIDENTIAL USE IN CONSIDERING MY (OUR) APPLICATION.

I (WE) HEREBY CERTIFY THAT I(WE) UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE FRAUD AND ARE IMMEDIATE GROUNDS FOR DENIAL OF ASSISTANCE.

I(WE) HEREBY CERTIFY THAT I(WE) UNDERSTAND BY VOLUNTARILY APPLYING FOR THIS CDBG GRANT, I(WE) ACKNOWLEDGE THAT ALL ADMINISTRATIVE GUIDELINES, AND ALL APPLICABLE HUD AND SECTION 8 REGULATIONS APPLY, AND THAT ALL OF THIS MATERIAL IS AVAILABLE FOR MY(OUR) REVIEW AT THE CITY OF LONGVIEW HOUSING AND COMMUNITY DEVELOPMENT OFFICE, 1202 N. 6TH STREET, LONGVIEW, TEXAS.

APPLICANT AND ALL RELATED HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN THE APPLICATION. IF PERSON OTHER THAN APPLICANT(S) SIGNS THE APPLICATION, POWER OF ATTORNEY DOCUMENTATION MUST BE ATTACHED.

I (WE) UNDERSTAND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE THAT I (WE) WILL BE ELIGIBLE FOR THE TECHNICAL JOB TRAINING SCHOLARSHIP GRANT PROGRAM. I (WE) MUST COMPLETE THE APPLICATION PROCESS AND BE CERTIFIED ELIGIBLE BEFORE A SCHOLARSHIP GRANT CAN BE AWARDED. I (WE) UNDERSTAND THAT I(WE) AM SUBJECT TO ALL PROGRAM GUIDELINE CHANGES.

I(WE) UNDERSTAND THAT THE INFORMATION I (WE) PROVIDED, INCLUDING ALL FINANCIAL INFORMATION, IS SUBJECT TO VERIFICATION BY THE CITY OF LONGVIEW AND/OR THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U. S. C. Title 18, Sec. 1001, Provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies...or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Incomplete applications will be returned with the noted deficiencies and will not be eligible for review during the current funding cycle.

SIGNATURE - (APPLICANT)

DATE

SIGNATURE(S) OF ALL ADDITIONAL RELATED HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER)

SIGNATURE

DATE

SIGNATURE

DATE

APPLICANT'S CHECK LIST

Scholarship Grants

YOU **MUST** PROVIDE THE FOLLOWING ITEMS FOR CERTIFICATION:

- Proof of earned income for all related household members 18 years of age or older who work including employer information, rate & frequency of pay, and three current check stubs.
- Proof of benefits from any of the following (award letters, etc.):
 - Social Security Administration
 - Veterans Administration
 - Retirement Pension
 - AFDC Payments
 - Unemployment Benefits
 - Workers Compensation
 - Royalties / Rents / Other
- Notarized *Affidavit of Income* for any related household member 18 years of age or older is receives zero earned and unearned income or benefits.
- Address of any other real property that is owned by family requesting the grant. Receipts for any rental income and/or asset royalties received.
- Documentation from Child Support Office stating the actual amount received and how often it is received.

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PLEASE GO OVER YOUR CHECKLIST/APPLICATION AND MAKE SURE YOU HAVE PROVIDED ALL OF THE ABOVE INFORMATION THAT APPLIES TO YOUR HOUSEHOLD.

**CITY OF LONGVIEW
HOUSING & COMMUNITY DEVELOPMENT
1202 N. 6TH STREET
LONGVIEW, TEXAS 75601**