

Town of Cary Play It Forward Scholarship Application

Instructions: Please complete the application below and attach photo ID for all adults, birth certificates for all children, documentation of all household income and proof of permanent residence in Cary. Please submit to Dorcas Ministries, 187 High House Road in Cary. Please call 919-469-9861, ext 204 with questions.

Date of Application: _____

Main Contact / Applicant Information				
First Name	MI	Last Name		
Street Address	City		State	Zip
Phone	Birthdate		E-mail Address	
Ethnicity	Gender		Marital Status	
	Female <input type="checkbox"/> Male <input type="checkbox"/>		Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Highest Education Level Completed				
HS Grade ____ HS Grad <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post Graduate <input type="checkbox"/>				
Please LIST ALL Household Members (including all adults and children)				
Please check off all household members who require fee assistance.				
Requesting Assistance?	Name	Relationship to Applicant	Gender	Birthdate
		---- SELF ----		
<p>By signing below, you give your permission for this request to be processed by Dorcas Ministries to determine your eligibility for fee assistance. Dorcas Ministries will complete a financial needs assessment on applicants and determine eligibility for a scholarship. Dorcas Ministries will notify CPRCR staff of applicant eligibility for scholarships. Applicant is responsible for actual program enrollment, and a Dorcas Ministries' scholarship recommendation does not guarantee applicant such enrollment. Information on this application will be provided to the Town of Cary. Your signature indicates that all information provided on this application is true and complete, to the best of your knowledge. <i>You understand that providing false or incomplete information will result in this and any future applications being denied.</i></p>				
_____		_____		
Signature (Parent/ Guardian if under 18)		Date		
For Office Use Only				
Approved Scholarship Award: \$ _____ per person		New Recipient <input type="checkbox"/> Existing Recipient <input type="checkbox"/>		
Award Expiration Date:		Eligible to Reapply On:		