



THERMAN GRAY SCHOLARSHIP APPLICATION

NAME OF PARTICIPANT: _____ DATE: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

PARTICIPANT DATE OF BIRTH: _____ EMAIL ADDRESS: _____
(MM/DD/YY)

ACTIVITY BEING APPLIED FOR (title and number): _____

ELIGIBILITY REQUIREMENT (check all that apply and attach proof of eligibility):

SUPPLEMENTAL SECURITY INCOME (SSI)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN,
INFANTS, AND CHILDREN (WIC)

FREE OR REDUCED PRICE LUNCH

OTHER

EXPLANATION: _____

*I attest that the information that I have provided is true and accurate to the best of my knowledge. Providing inaccurate information will lead to disqualification of scholarship funds.

SIGNATURE: _____ DATE: _____

For more information and complete details, call (410) 535-1600 ext. 2649.

Calvert County Services are accessible to individuals with disabilities.

For the hearing and speech impaired call (800) 735-2258.

Office Use Only:					
Household Name:	_____	HH#	_____	Approved by	_____
				Amount \$	_____
Activity #	_____			Date Applied:	_____
				Date Entered:	_____