



Church After School Association, Inc (C.A.S.A) Scholarship Application

The Church After School Association, Inc is a non-profit, United Way Agency providing out of school time care for children of working parents, providing an opportunity for elementary aged school children to experience Christ's love, and a place of enjoyment and security both physically and emotionally".

What is the CASA Scholarship Program?

The Scholarship Program is a sliding fee scale that is designed to provide services for any family, who desires to participate and understands the benefits of CASA, regardless of their ability to pay the prescribed fee. Those not able to pay the full fee may be awarded Scholarship based on their demonstrated ability to pay and CASA's ability to fund the subsidy.

Am I eligible?

Applicants must register in the CASA program in order to apply.

Over the years, the Scholarship Program has helped:

- Adults temporarily out of work
- Those who are divorced and experiencing financial hardships
- Youth referred by schools, churches and other organizations
- People on fixed incomes
- People overwhelmed by medical bills
- Those experiencing other financial hardships

Assistance will be granted on the basis of financial need, within the available resources of the CASA Scholarship program. The family income guidelines used as an initial eligibility criteria, are based on the Mississippi free and reduced lunch program through the Mississippi Department of Health.

CASA believes a sense of ownership and pride is gained when the financial assistance recipient has contributed to the cost of CASA involvement. Therefore, applicants will be asked to pay a portion of the fees.

CASA grants financial aid to the extent that funds are available. CASA reserves the right to refuse assistance to any applicant. Financial assistance can be granted for one session of a program such as School Year or Summer; or for both Summer and School Year not to exceed 390 days.

How do I apply?

CASA required that individuals provide the requested information on the attached application regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner. All records will be kept confidential. CASA also required that individuals reapply when requested (yearly, at a minimum) to keep information on their application updated. Your fees may increase when you reapply. If you do not reply when requested, your scholarship will be terminated. Scholarships must be renewed annually.

To process your application, we need the following information:

- Copy of last year's tax return
- Copy of last three months pay stubs
- -OR – Copy of social security or disability checks (or copy of bank statement showing monthly deposit)

Church After School Association Inc. (CASA) Application for Scholarship Program

Please fill out the following information and attaché the necessary documents (photocopies only) and return to Church After School Association Inc. (CASA), 1800 W. Main Street, Box 7, Tupelo, MS 38801. Incomplete applications will not be reviewed. The balance of the allocation must be paid for in full by the 15th of each month or by using our automatic payment plan through our electronic fund transfer program (ACH Draft)

Please Print all information

Name: _____
(Last)
(First)
(M.I.)
Relationship to child(ren)

Address: _____
Street Address
Apt./Unit

City
State
Zip Code

Phone: (____) _____ Email Address: _____

Are you a full time student? _____ If yes, where? _____

Are you married? _____ Total number of dependants? _____ Is spouse a full-time student? _____

List the names,(last names too, if different from the applicant), ages, and school or employer of all persons in the household. Adults who are not the spouse of the applicant must submit their tax return and paystubs as well.

Names (Last, First)	Age	School / Employer	Birth Date

Application of Financial Assistance is for: School Year Summer

Have you applied for the CASA scholarship program in the past? ____ Yes ____ No

Are you currently a scholarship recipient? ____ Yes ____ No

In order to process Scholarship applications in a timely manner, all requested information must be presented with the completed application. Incomplete applications will not be reviewed.

Please itemize your HOUSEHOLD monthly income and expense items:

INCOME

EXPENSE

Your gross monthly income	\$ _____	Rent/Mortgage*	\$ _____
Spouse's gross monthly income	\$ _____	Auto Loan*	\$ _____
Unemployment compensation*	\$ _____	Utilities*	\$ _____
Social Security compensation*	\$ _____	Food	\$ _____
401K/Retirement Funds	\$ _____	Clothing	\$ _____
Aid to Dependent Children*	\$ _____	Phone*	\$ _____
Food Stamps*	\$ _____	Medical*	\$ _____
Alimony*	\$ _____	Other (please explain)	\$ _____
Child Support*	\$ _____	Other (please explain)	\$ _____
Other (please explain)	\$ _____		
TOTAL: MONTHLY income (Household)	\$ _____	MONTHLY expenses (Household)	\$ _____

* Send documented proof (photo copies only) if applicable

Do you share expenses with anyone else in your household? _____ Total in household _____

Why are you applying for scholarship assistance?

In order to process the Scholarship Program Applications in a timely manner, all information must be presented with the COMPLETED application. Incomplete applications will not be reviewed. Applications are reviewed monthly on the 2nd Tuesday of each month. You will be contacted in writing within two weeks of the review date regarding the status of your application. If you have questions, please feel free to contact the CASA office at 842-3887. Thank you.

I verify all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify CASA within 30 days. If I submit false or inaccurate information, or fail to notify CASA within 30 days of a change in my household income, I may be terminated from the CASA Scholarship Program.

Signature of Applicant

Date

OFFICE USE ONLY

Application Reviewed on _____

Documents submitted:

_____ Copy of last Full Income Tax Return _____ Copy of last three months of Pay Stubs

If applicable:

_____ Social Security or Disability Checks _____ Wage Withholding Order (if applicable)

_____ Evidence of Public Assistance, if any

_____ Evidence of non-custodial parent's failure to pay child support from DHS

Denied – Reason: _____ Notified: _____

Approved – Amount: \$ _____ Notified: _____

NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (800-829-1040). If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

In order to process Scholarship Program applications in a timely manner, all information must be presented with the COMPLETED application. Incomplete applications will not be reviewed.