

**“ADAM CLAYTON POWELL ACHIEVEMENT AWARD”**  
**(AWARD AMOUNT \$ 750.00)**

**CITIZENS FOR CITIZENS, INC.**  
**264 GRIFFIN STREET**  
**FALL RIVER, MA 02724**

**APPLICATION FORM**

**(Please read the attached “General Information/Instruction” sheet prior to completing this application.) Completed applications must reach CFC by April 26, 2019.**

1. Biographical Data:

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street City/Town Zip Code

Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Area Code

Date of Birth: \_\_\_\_\_

Marital Status: (circle one)      S      M      D      Sep.      Wid.      Domestic Partner

Enter address at the time you, your child or children attended any of the following programs administered by Citizens for Citizens, Inc., i.e., Head Start, After School Day Care Program, Family Child Care Program, Extended Day Care if different than address above.

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City/Town Zip Code

Name (s) of child or children **who attended CFC’s Head Start (HS), CFC’s After School Day Care (ASDC), CFC’s Family Child Care (FCC) or Extended Day Care (EXD).**

Circle Program

Name: \_\_\_\_\_ Year Attended \_\_\_\_\_ HS ASDC FCC EXD  
First Last

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First Last

Brief Statement on your career goal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing: Monthly Rent/Mortgage Payment \_\_\_\_\_

Total number of persons in your household \_\_\_\_\_

\*\* Total family income: \_\_\_\_\_

**\*\* APPLICANT MUST SUBMIT A COPY OF THE FIRST 2 PAGES OF YOUR MOST RECENT FEDERAL TAX RETURN, IF NONE - EXPLAIN ON A SEPARATE SHEET OF PAPER. IF SELF-EMPLOYED OR YOU HAVE RENTAL INCOME, PLEASE INCLUDE A COPY OF THE SCHEDULE C AND/OR E.**

2. Source of Family Income:

Circle all appropriate sources: Wages Child Support TANF Pension  
Unemployment Social Security SSI Other: explain \_\_\_\_\_

**If currently employed:**

Name of Employer: \_\_\_\_\_

Job Description: \_\_\_\_\_

Hourly or Weekly Gross Wage: \_\_\_\_\_

Average Number of Hours Employed per week: \_\_\_\_\_

**Complete if spouse is a member of your household:**

Name of Spouse's Employer: \_\_\_\_\_

Job Description: \_\_\_\_\_

Hourly or Weekly Gross Wages \_\_\_\_\_

Average number hours employed per week: \_\_\_\_\_

Dependents: For all dependents living in your household

| <u>Name</u> | <u>Age</u> | <u>Employed<br/>or Student</u> | <u>Grade or<br/>Gross Weekly Wages</u> |
|-------------|------------|--------------------------------|--|
| _____       | _____      | _____                          | _____                                  |
| _____       | _____      | _____                          | _____                                  |
| _____       | _____      | _____                          | _____                                  |

Education

College, Junior College or Technical School which you completed or are currently enrolled in.

Name of School: \_\_\_\_\_

City/Town: \_\_\_\_\_

Type and Field of Degree: \_\_\_\_\_

Date Degree Awarded or Expected: \_\_\_\_\_

Honors or Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may have attended more than one college/technical school. If so, attach a separate sheet giving details.

Reminder: You are responsible to have forwarded “official” transcripts on your degree (s) or technical diplomas whether or not you have completed the entire program.

Financial Aid

You must list all financial aid awarded. If you receive financial aid after submitting your application, submit to us a short note giving your name, name of the scholarship/grant, etc. and the amount.

Name of Scholarship/Grant

Amount

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Community Involvement and/or Voluntary Activities:

List any organizations to which you belong or are a member of the governing body.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you feel there are any "special circumstances" which apply to you or your family which you feel the CFC Scholarship Committee should consider, please attach a separate page describing it or them.

Date: \_\_\_\_\_

\_\_\_\_\_  
Your Signature