

**"ADAM CLAYTON POWELL AWARD"**

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

**General Information/Instructions**

**Amount \$750.00**

1. **ELIGIBILITY** -
  - A. *Parent of current or former student who participated in one of the following **Citizens for Citizens, Inc.** Programs are eligible to apply: Head Start Program, After School Day Care Program, Extended Day Care Program and Family Child Care Program.*
  - B. This award has been established to recognize a parent of a current or former participant in our Head Start, Family Child Care, After School Day Care, Extended Day Care Programs. Applicants must be enrolled in a two or four year college program as a full or part-time student, attending through the Division of Continuing Education, or enrolled in an accredited technical school program, day or evening. Special interest courses not part of a formal college or technical school program that may have been offered at a college do not qualify
  
2. **SELECTION CRITERIA** – Applicants will be judged upon the following criteria listed in order of priority.
  - a. Academic program selection
  - b. Economic need
  - c. Extracurricular activities
  - d. Community service
  - e. Career goal
  
3. **SUBMISSION PROCESS:** *Applications will be available by mid March 2021 at the administrative office of Citizens for Citizens, Inc. located at 264 Griffin Street or at the offices of the Head Start Program, CFC's After School Day Care Program/Extended Day Care, CFC's Family Child Care Program, all of which are located at 427 Robeson Street, Fall River, Massachusetts, however, due to the pandemic, the application will be mailed or emailed out or accessed by visiting our CFC website at [www.cfcinc.org](http://www.cfcinc.org) **ABSOLUTE DEADLINE FOR APPLICATIONS IS Wednesday, May 5, 2021***

Application must be typed or clearly printed using a **BLACK OR BLUE PEN.**

An Application packet consists of the following:

- A completed application form. (see separate pages)
  
- If already attending college or secondary technical school, please submit a copy of the current transcript Please note: unofficial transcripts are acceptable High school transcripts are not required.
  
- Proof of enrollment to the higher institution.
  
- At least ONE of the following: letter of recommendation from a teacher or professor from your college or technical school, **or** a letter of recommendation from a professional contact.
  
- A narrative not to exceed one typed or two handwritten pages stating why you should receive this award.
  
- Copy of current year Federal tax return

**Note: No consideration will be given to applications received after the previously stated deadline or which are incomplete.**

Return completed applications to Liz Berube at Citizens for Citizens, Inc.,  
264 Griffin Street, Fall River, MA 02724. Any questions call Liz Berube at  
508-679-0041 ext 318 or scan applications and/or questions to  
[lcorreira@cfinc.org](mailto:lcorreira@cfinc.org).

All information connected with this application will remain confidential with the CFC Scholarship Committee. Once the committee selects the recipient the remaining applications will be destroyed.

4. **SELECTION PROCESS:** C.F.C. Scholarship Committee may choose to interview some or all applicants. If such is the case, you will be contacted by CFC staff regarding the date, time and location of the interview. The Scholarship Committee will meet in May to determine the recipient of the award.

The selected recipient will be notified of his/her selection and we will make arrangements for the check in the amount of \$750 to be presented. (during the pandemic a convenient plan will be used).

**“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 May 5, 2021.**

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

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

Name: \_\_\_\_\_ Year Attended \_\_\_\_\_ HS ASDC FCC EXD  
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 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 or Student</u>	<u>Grade or Gross Weekly Wages</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yearly Tuition Cost: \_\_\_\_\_

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

Reminder: If currently, attending college or technical school please provide a copy of an unofficial transcript.

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