

MLK Jr. Adams County Career Aid Project

Application Packet



The MLK Adams County Career Aid Project (ACCAP) is a component of South Central Community Action Programs and was established by a group of caring community members in 1980 to assist low-income local youth and adults with their post-high school education and training. It is our hope that we can help individuals improve their employability and potential for long term livable wage employment that leads to a successful thriving life. These grants are modest, usually used to cover books, fees, or to fill small funding gaps, and students will need to identify and pursue other resources as well.

You will need the following items in order to process your application:

- Completed Grant Application Form**
- A Copy of a photo ID (student ID, Driver's License or PA Photo ID)**
- Completed ACCAP Questionnaire: Getting To Know You**
- A copy of the Acceptance Letter from your school or program**
- Completed Monthly Expenses Sheet**
- A copy of the Invoice or Bill** (except CNA applicants should provide the class info)
- Income from the last 30 days for all adults in the household OR** a copy of your Medicaid, SNAP, or WIC Card or Eligibility Notice from ELRC (for subsidized childcare) or Housing Choice Voucher/Section 8 Notice of Eligibility
- Two letters of recommendation.** One must be from an employer, teacher, church leader or other professional. Included in both letters must be the length of time the person has known you, in what capacity, and the reasons the person believes you will succeed in the chosen program.

Payments will be made directly to the school or program. Staff will verify you are enrolled and the balance due on your account. The grant, if awarded, will not be for more than the amount due on your account. **Annual awards will be \$1,000 or less for training programs and students in their 1st, 2nd, and 3rd years of college and up to \$1,500 for seniors. Priority is given to first time applicants. *You must be an Adams County Resident to receive funds.***

If funds are available, applicants may request an additional scholarship. In order to be considered, you must complete **Pay It Forward** volunteer activities. Any volunteer work for a non-profit will be considered. A Pay It Forward form is included in this packet and you must list the location, hours, and dates of service, and have it signed by an individual at the nonprofit including their contact phone number or email. For grants up to \$500 we would want to see 5 or more hours of volunteer work. Grant requests of up to \$1,000 (or \$1,500 for seniors) – 10+ hours are expected.

MLK Improve Employability Scholarship Application



Personal Information

Name: _____ Phone #: _____

Email: _____ Date of Birth: _____

Home Address: _____

Number in the Family: _____ Number of Adults: _____ Number of Children: _____

Who do you currently live with: _____

Gender Identity: Male Female Other Ethnicity: Hispanic Other

Race: Black White Multi Race American Indian Asian Hawaiian/Pacific Island Other

Educational Attainment: GED/Diploma Associates Bachelors Graduate Degree None

Work Status: Employed Full Time Employed Part Time Unemployed

Military Service: Veteran Currently Serving Disabled: Yes

Health Insurance: *Medicaid Medicare Employer Sponsored Other None

Non Cash Benefits: *SNAP *WIC *Housing Choice Voucher (Section 8) *Subsidized Child Care

*If you or your family are eligible for any of these programs, supply a copy of your card or Notice of Eligibility and no additional income information is required.

Educational Program Information

Requesting Aid for College Training Program What year are you currently: 1st 2nd 3rd 4th
Will you receive a certification? Yes No

Please explain below how this will increase your employability or earning potential in the future:

Current/Proposed College or Training Program: _____

Name of Major, Class, or Training Program: _____

Anticipated Start Date of Current Session: _____ Anticipated End Date: _____

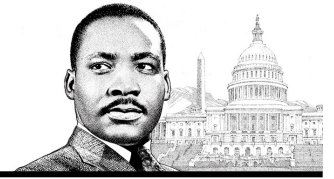
Have you received a grant from the MLK Career Aid Project in the past? Yes No

Amount Requested: _____ Purpose: _____

Please provide a copy of the bill that lists your name, amount due and your account number. We will contact the college or training program to verify there is still an amount due, if no amount is due, we can not provide assistance. By signing below, you affirm that all information provided is true and accurate and that you give permission for us to contact the educational institution to verify information related to this request.

Signature

Date



GETTING TO KNOW YOU

All applicants for the Martin Luther King, Jr. Grant are valuable, contributing members of our community. Please take this opportunity to tell us about yourself, including past achievements, current goals, and what your future looks like. This

PERSONAL INFORMATION

Date of Application: ____/____/____

First name: _____ Last name: _____

ALL ABOUT YOU

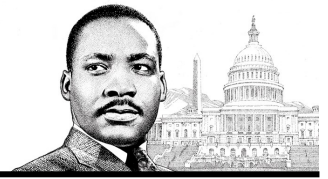
Don't know where to begin? Try answering some basics like: Who are you? What are your values? When did you know you wanted to further your education? How are you different from other applicants? Why is your education important to you? Use the reverse of this form for more space.

YOUR CAREER

What are your career goals and how will this funding help you achieve them?

FUTURE SELF

Where do you see yourself in 5-10 years?



PAY IT FORWARD

It is our hope that by the financial help you receive, you will pay it forward in some way. Therefore, we encourage you to show your commitment to others by volunteering in the community. Your help would be appreciated at the SCCAP Food Pantry, Support Circles Initiative, Homeless Shelter, Soup Kitchen, Adams County Public Library, Adams County SPCA, United Way, etc.

PERSONAL INFORMATION

First name: _____ Last name: _____

LOCATION	HOURS	DATE	SUPERVISOR SIGNATURE & CONTACT PHONE # OR EMAIL

INTERNAL USE ONLY — APPLICANTS DO NOT WRITE BELOW THIS LINE

INITIALS	DATE	CALL or EMAIL?	VERIFICATION OF ACTIVITIES