

Micro-Enterprise Program SCHOLARSHIP APPLICATION

Applicant Name		Date	
Address	City, State	Zip	Phone Number
SS#	Employer Name	Address	Phone

What township do you live in? _____

Are you currently receiving Unemployment Benefits? Yes _____ No _____
(If yes, include a copy of recent benefit statement)

What is your current household income? Find your family size in the left column; indicate with a check mark if annual income is higher or lower than the amount next to your family size.

Family Size	Lower	Or	Higher
1		\$37,950	
2		\$43,350	
3		\$48,750	
4		\$54,150	
5		\$58,500	
6		\$62,850	
7		\$67,150	
8		\$71,500	

If annual income is lower than that amount next to your household size, include a copy of your recent federal tax record (IRS Form 1040) with your scholarship application. Applications can not be processed without this information. Scholarships are limited to Oswego County residents and businesses committed to locate in the County of Oswego.

APPLICANT STATEMENT: All information provided on this form and attached materials are true and accurate.

Applicant Signature: _____ **Date:** _____

RETURN THIS FORM TO:

Office of Business & Community Relations, 103 Rich Hall, SUNY Oswego, Oswego, NY 13126

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___ Race: (Mark one or more) White ___ Black or African American ___ American Indian/Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander ___ Gender: Male ___ Female ___