



Derrick Cazard Foundation, Inc.

Application for Scholarships

Mail to: Derrick Cazard Foundation Inc.

PO Box 1013 Newport, RI. 02840

(Scholarships up to 200.00 per family contactus@derrickcazardfoundation.org for FAQ's)

Name: _____

Date: _____

Address: _____

Phone: _____

Number of Family Members: _____

Annual Income: _____

Amount applied for: _____

Childs Name: _____

Age: _____

Grade: _____

Race (optional): _____

In a brief description, please state the reason you are applying for the scholarship and what activity your child will be involved in.

Organizations Information:

Name of organization to disburse funds: _____

Address of Organization: _____

Contact Person: _____

Phone: _____ **Ext:** _____

Parent/Guardian Signature: _____ **Date:** _____

(This section for office use only):

Approved: _____

Amount Approved: _____

Denied: _____

Authorized Signature (Board Member)

Reason for Denial: _____



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Federal Poverty Level Chart 2019

<u>Persons in household:</u>	<u>150%</u>
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,154

Add: \$4,320 for each additional person over 8

*Department of Health and Human Services Poverty Guidelines 2019.