



CITY OF MISSOURI CITY

**POST-SECONDARY EDUCATIONAL & VOCATIONAL
SCHOLARSHIP APPLICATION**

FOR CDBG PROGRAM YEAR 2019-2020

APPLICATIONS ARE DUE BY

5:00 P.M., Wednesday, July 31, 2019

Submit to:

**CITY OF MISSOURI CITY
ATTN: CHALISA DIXON, GRANTS COORDINATOR
DEVELOPMENT SERVICES
1522 TEXAS PARKWAY, MISSOURI CITY, TX 77489**

Hand delivery suggested.

Scholarship Applications must be submitted in sealed envelopes. Faxed copies will not be accepted. Scholarship Applications received after the deadline, without an effective postmarked date, will not be accepted. Applications submitted without the required attachments will not be accepted.



PY 2019/2020 APPLICATION FOR CDBG FUNDING OF POST-SECONDARY EDUCATIONAL & VOCATIONAL SCHOLARSHIP

As part of the U.S. Department of Housing and Urban Development's Community Development Block Grant Program the Scholarship program provides reimbursement for qualified expenses to current residents of the City of Missouri City who are classified as low- to moderate-income and are enrolled in community college, university or vocational programs. This program awards funding to High School students graduating in 2019 and entering post-secondary institutions and/or full time undergraduate enrollees in post-secondary institutions.

- The applicant must complete the scholarship application and fulfill all requirements.
- **The deadline for receipt of the scholarship application is July 31, 2019.**
- The applicant must be a resident of Missouri City, Texas, and be a member of a low-to moderate-income household. Neither the applicant nor any member of the applicant's family may be an employee of the City of Missouri City, the U.S. Department of Housing and Urban Development or be a contracted agent of the City of Missouri City.
- Grant period is October 1, 2019-September 30, 2020. Reimbursement request must be within that time period.
- All required documentation must be delivered to:
CDBG Scholarship Program
City of Missouri City Development Services Department
1522 Texas Parkway, Missouri City, TX 77489

Selection criteria: Applicants will be reviewed on:

1. Educational preparedness;
2. Desire of candidate to attend and successfully complete post-secondary education;
3. Community and/or civic involvement;
4. Financial need; and
5. Content of completed application.

Top candidates will be selected on the basis of the strength of their applications.

Listed below are the documents needed in order to process your application:

- Application form that is attached.
- Income statements for entire household. Please complete Income Verification Form for all members of the Household over 18 years of age. Must include latest IRS Form 1040. In addition, include other relevant documentation (*Ex: Social Security Statement, SSI Statement, Retirement Benefits, Paystub, Public Assistance, etc.*)
- Proof of Missouri City residency for all members of the Household over 18 years of age. (*Property Central Appraisal District report, Utility statement, rental*

agreement with address, copy of Driver's License showing Missouri City address, any other legal document showing address)

- For entering freshmen: Transcript from high school showing a current cumulative GPA (grade point average) statement from high school of 2.0 or higher on a 4.0 grading scale.
- For entering freshmen: Acceptance Letter from a qualified accredited institution.
- For persons previously enrolled in a post-secondary educational institution: Transcript from the post-secondary educational institution showing full-time student status and cumulative GPA.
- Two (2) letters of recommendation. At least 1 letter must be from a school counselor, school administrator or teacher.
- Detail of current community and/or civic involvement.
- One-page written essay to address the following:
 - My primary career and life goals;
 - Why I think I need this particular school or program to achieve my career goal; and
 - Why I am a candidate for this scholarship.
- *Application must be typed or printed in ink and must be signed.*

Listed below are the documents needed in order to process your reimbursement:

- Receipts for qualified educational expenses:
 - Must be from a qualified institution that is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) or otherwise operate under the rules and regulations of the Texas Higher Education Coordinating Board (THECB); or, if outside Texas, is accredited by the regional association or state higher education board in the state in which the school is located.
 - Must show that you are enrolled full time (full time is determined by post- secondary educational institution in which you are enrolled or to be enrolled).
 - Educational expenses must total **at least the amount requested for reimbursement for the CDBG program year for which reimbursement is requested. Requests may be made for up to the amount of the awarded scholarship, if available.** *Qualified educational expenses include only: tuition, school fees (lab fees, building use fees), and on-campus dormitory housing.*
 - All receipts must show that a payment was made to the school with a personal check, cash, loan or credit card. Expenses that have been covered by other grants or scholarships are not eligible for reimbursement.
 - Reimbursement Request Form must be typed or printed in ink and must be signed.



**CITY OF MISSOURI CITY CDBG PROGRAM
POST-SECONDARY EDUCATIONAL & VOCATIONAL SCHOLARSHIP
APPLICATION FORM**

CONTACT INFORMATION:

APPLICANT FULL NAME: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

SCHOOL INFORMATION

FOR ENTERING FRESHMEN:

Name of Parent (s)/Guardian: _____

High School Name: _____ Address: _____

G.P.A.: _____ Expected Graduation Date: _____

Name of School Entering: _____ Major: _____

FOR POST-SECONDARY STUDENTS:

Have you ever applied or been reward the City of Missouri City CDBG Scholarship: Yes No

School Name: _____

School Address: _____

Vocational School: Field of Training: _____

College or University Major: _____

G.P.A.: _____ Expected Graduation Date: _____

REIMBURSEMENT REQUESTED

List your Educational expenses (*Qualified educational expenses include only: tuition, school fees (lab fees, building use fees), and on-campus dormitory housing*):

Items: _____ Cost: _____

Amount Reimbursement Requested: \$ _____

COMMUNITY AND/OR CIVIC INVOLVEMENT:

List Academic Honors earned or Extra Curricular School Activities: _____

List of organizations and volunteer hours: _____

Name of Individuals submitting Letters of Recommendation: _____

DEMOGRAPHIC INFORMATION

STUDENT’S RACE/ETHNICITY (please check appropriate boxes—Hispanic heritage AND race – if multi-racial, check all races that apply):

- Hispanic/Latino (a)
- Not Hispanic/Latino (a)

- White/Caucasian/Anglo
- African American
- American Indian/Native American
- Asian
- Other race (specify) _____

GENDER: Male Female

Is Head of the Household Female: Yes No

Is Applicant a Disabled person: Yes No

Is Applicant 65 Years or Older: Yes No

HOUSEHOLD INFORMATION

Total Household Income \$_____ (Please include Income Verification Form for all members of household 18 years of age or older)

Total number of household members (including self): _____

Please list all household members with name, age and relationship to student (including self):

Name	Age	Relationship to Student	Employer/Income Sources

Per HUD Income Guidelines please indicated Household Income Level

Income Levels: Extremely Low Low Moderate Non-Low/Moderate

WRITEN ESSAY

Please enclose an essay with your application to address the following questions. Be sure to use examples to validate your answers. Must be a minimum of one (1) page, double spaced and typed.

- Describe your career and life goals and why you have choose the particular school or program to achieve your career goals.
- Demonstrated how receiving this Scholarship with assist with your financial needs in obtaining a college/technical school degree.
- Describe why you are an excellent candidate for this scholarship.

CERTIFICATION

I, _____, verify that all of the above information and attached documentation are accurate and true. I understand that this is a federal scholarship and that all federal laws regarding falsifying information apply.

I, _____, further understand and agree that if awarded a scholarship that I will:

Provide an official transcript within 6 weeks of the end of term for which the scholarship is received;

Reimburse the City of Missouri City the entire scholarship if the transcript for the term for which the scholarship is received indicates that 50% or more of the classes were dropped or the GPA was below 2.0; and that

The City will take legal action to recover the funds if the applicant does not provide end-of-term documentation, does not complete at least 50% of the registered classes, or does not have a 2.0 GPA for that term for which funding was provided.

Please note: The U.S. Department of Housing and Urban Development Office of Inspector General (OIG) statutorily established by the IG Act of 1978 goals are prevention and detection of Waste, Fraud and Abuse in HUD's programs and promotion of efficiency and effectiveness in programs and operations. For this purpose the OIG investigates a variety of matters, including allegations of fraud involving grants and contracts and improprieties in the administration of departments' programs and operations. Anyone involved in HUD and/or HUD Programs are subject to an audit and/or investigation. Clients making false claims to receive benefits and/or clients receiving benefits from more than one agency for same claim/need can be reviewed by the OIG. Violators may be subjected to penalties under the law.

Applicant Signature: _____ Date: _____

Parent (s)/Guardian (if minor): _____ Date: _____



**City of Missouri City
Eligible Incomes for CDBG Beneficiaries
Effective June 2019**

Household Size	Extremely Low Income* (≤ 30% of Area Median)	Very Low Income* (30.1%-50% of Area Median)	Low Income* (50.1%-80% of Area Median)
1-person	\$16,050	\$26,250	\$42,750
2-person	\$18,350	\$30,550	\$48,850
3-person	\$21,330	\$34,350	\$54,950
4-person	\$25,750	\$38,150	\$61,050
5-person	\$30,170	\$41,250	\$65,950
6-person	\$34,590	\$44,300	\$70,850
7-person	\$39,010	\$47,350	\$75,750
8+-person	\$43,430	\$50,400	\$80,600

Per HUD Income Guidelines please indicated Household Income Level.

Income Levels: Extremely Low Low Moderate Non-Low/Moderate

Over the past couple of years, HUD has begun changing the terminology for income limits for the CDBG program to match that for the public housing programs. You will now find that often “very low income” (<30% of area median) is now called “extremely low income”; “low income” (31-50% AMI) is now called “very low income”; and “moderate income” (51-80% AMI) is now called “low income”. Both the old and new terms are used and interchanged.

Income Limit areas are based on FY 2019 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2019 Fair Market Rent documentation system



**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
POST-SECONDARY EDUCATIONAL & VOCATIONAL SCHOLARSHIP APPLICATION
VERIFICATION OF INCOME**

The Income Verification Form must be completed for all members of the Household over 17 years of age.

CDBG Applicant Name: _____

Employee Name (if different from Applicant): _____

Instructions for Employer/Payment Source Representative: This is to certify the income received by the above named individual for purposes of participating in the CDBG program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

Please return this form to:

Name & Title: _____ Phone: _____
Address: _____ Fax: _____
Email: _____

Employment Income

Employee Release: I hereby authorize the release of the following employment information.

Employee Signature: _____ Date: _____

Employer representative to complete this section:

The person named above is employed by _____ since _____.
He/she is paid \$ _____ on a _____ basis and is currently working an average of _____ hours per _____.

Additional compensation please specify (if any): _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

CIRCLE ONE: Social Security/SSI Pension/Retirement TANF
Public Assistance Unemployment Compensation Workers Compensation
Alimony Payments Foster Care Payments Child Support Payments
Armed Forces Income Other (pls. specify): _____

CDBG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.

CDBG Applicant Signature: _____ Date: _____

Payment source representative to complete this section:

Payments or benefits in the amount of \$ _____ are paid on a _____ basis. The expected duration of the payments or benefits is _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name, Title: _____

Address and Phone: _____

Income Verification Form must be completed or supported by a 3rd party entities. Self-Certification are not acceptable under HUD Guidelines.