



Income Criteria for Scholarship

2024 Federal Poverty Guidelines for the 48 Continental United States

ANNUAL	# in household	100%	150%	200%
	1	15,060.00	22,590.00	30,120.00
	2	20,440.00	30,660.00	40,880.00
	3	25,820.00	38,730.00	51,640.00
	4	31,200.00	46,800.00	62,400.00
	5	36,580.00	54,870.00	73,160.00
	6	41,960.00	62,940.00	83,920.00
	7	47,340.00	71,010.00	94,680.00
	8	52,720.00	79,080.00	105,440.00

MONTHLY	# in household	100%	150%	200%
	1	1,255.00	1,882.50	2,510.00
	2	1,703.33	2,555.00	3,406.67
	3	2,151.67	3,227.50	4,303.33
	4	2,600.00	3,900.00	5,200.00
	5	3,048.33	4,572.50	6,096.67
	6	3,496.67	5,245.00	6,993.33
	7	3,945.00	5,917.50	7,890.00
	8	4,393.33	6,590.00	8,786.67

Federal Poverty Level	ATFC % discount	*KIDS CAMP*(based on \$175/wk) YOU PAY:	*YOUTH CAMP*(based on \$190/wk) YOU PAY:
200%	20%	\$140.00	\$152.00
150%	35%	\$113.75	\$123.50
100%	50%	\$87.50	\$95.00

The Board will take into consideration the following:

- Income (<200% of Federal Poverty Rate)
- Family Situation
- Proof of employment
- Availability of funds

 **FIRST COAST**
APPLICATION FOR SCHOLARSHIP

◆ CHILD'S NAME: _____

◆ DISABILITY: _____

◆ AGE: _____ ◆ SS# (last 4 digits): _____

◆ TOTAL # OF DEPENDENT CHILDREN IN THE HOME (<18 years old): _____

◆ MOTHER'S NAME: _____ ◆ SS#(last 4 digits): _____

ADDRESS: _____

PLACE OF EMPLOYMENT OR SCHOOL: _____

PHONE (HOME/MOBILE): _____ WORK: _____

◆ FATHER'S NAME: _____ ◆ SS#(last 4 digits): _____

ADDRESS: _____

PLACE OF EMPLOYMENT OR SCHOOL: _____

PHONE (HOME/MOBILE): _____ WORK: _____

◆ MONTHLY INCOME (Must submit copies of last 4 pay stubs, W-2, or letter from employer)

WAGES: _____ SSI/SSDI: _____

FOOD STAMPS: _____ CHILD SUPPORT: _____

HOUSING ASSISTANCE: _____ GRANTS: _____

OTHER: _____

◆ MONTHLY EXPENSES

RENT OR MORTGAGE: _____

UTILITIES: _____

FOOD: _____

TRANSPORTATION: _____

OUT OF POCKET MEDICAL: _____

◆ REASON FOR REQUEST OF SCHOLARSHIP: _____

SIGNATURE: _____ DATE: _____