



CWE SCHOLARSHIP ELIGIBILITY FORM

The Center for Women & Enterprise provides the highest quality education at the most affordable prices. A limited amount of scholarship is available for low and moderate-income people who would otherwise be unable to access our services. Scholarships will be awarded based on financial need. The following information will be used to determine your eligibility and will be kept completely confidential. **100% scholarships are not available.**

Client Name: _____ Phone: _____ Email: _____

1. What was the gross income for *your entire household* for the year **2020**? \$ _____
(Form 1040 - Line 22, Form 1040A - Line 14, Form 1040EZ - Line 5)
2. How many people (including yourself) were supported by that amount: _____
3. If you are not the sole wage-earner of your household, what was your individual gross income for 2020?
\$ _____
4. Are you currently receiving any form of public assistance? Y N
- 4a. Please check all that apply: State welfare Federal welfare Unemployment Food Stamps
 SSI Other _____ (please describe)
5. Will your **2020** gross income differ significantly from the previous years? _____
(Please explain any differences)
6. What were the gross receipts/sales for **your business** for the year **2020**? \$ _____

I affirm that the above information is true to the best of my knowledge.

Client Signature _____ Date _____

Please email this form to Samantha Pevear at SPeveal@CWEOnline.org.
Please call 508-363-2300 if you need assistance completing this form or require any other accommodations.

For CWE Use Only: Scholarship code _____ Staff Initials: _____ (Date) _____

Notes:

