



# Katherine Hayes Rodriguez Scholarship Fund

## APPLICATION

Scholarships are available on a first come, first served basis.  
The total amount of scholarships awarded is limited to the amount of money in the fund.

Financial information on this page is confidential and is only viewed by Achieve Tahoe Scholarship Committee. Non-financial information will be shared with Move United. Move United collates demographic information for reporting purposes and does not share individually identifying information with the funder.

**Achieve Tahoe reserves the right to review documentation of your income when determining eligibility.**

**Mail, fax or email completed form to:**

Achieve Tahoe, PO Box 8339, Truckee, CA 96162 ♦ 530.999.2245 ♦ marina@achievetahoe.org  
For questions call Marina Gardiner at 530-581-4161x6

### ***Applicant Information***

NAME \_\_\_\_\_ DAYTIME PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DISABILITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

GENDER (please select one):

- Male
- Female
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

RACE (please select one):

- White
- Asian (Origin: example Chinese; Indian; Afghan; Filipino; Iranian; etc.)
- Black/African American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Prefer not to answer
- Not Listed (print race or origin): \_\_\_\_\_

ETHNICITY (please select one):

- No, not of Hispanic, Latino, or Spanish origin
- Yes, I am of Hispanic, Latino, or Spanish (Origin: example Mexican, Puerto Rican, Cuban, Dominican, Colombian, Spaniard, Ecuadorian, etc.)

**If Minor or Dependent Adult**

PARENT/GUARDIAN: \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**Questions for Veterans and Active Duty Military**

MILITARY BRANCH \_\_\_\_\_ MILITARY RANK \_\_\_\_\_

WAS YOUR INJURY SUSTAINED DURING MILITARY SERVICE:  YES  NO

DATE OF INJURY? \_\_\_\_\_ LOCATION INJURY OCCURRED? \_\_\_\_\_

AT THE TIME OF THE INJURY WERE YOU:  ACTIVE DUTY  RESERVE  GUARD

**Income Information**

ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

*(Sources of Household Income Include:*

*Wages + Disability + Social Security + Welfare + Unemployment + Retirement + Alimony + Income from trust accounts or savings bonds + Regular income from family, friends, other agencies.)*

# OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_, # UNDER 18 \_\_\_\_\_, # WITH A DISABILITY \_\_\_\_\_

DO YOU RECEIVE ASSISTANCE FROM ANY OF THE FOLLOWING PROGRAMS:  Yes  No

*Medicaid, Unemployment, Social Security Disability Benefits, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Free School Lunch Program, Aid for Dependent Children, Foster Care or any other similar state or federal financial assistance program.*

**Please describe your reason for requesting scholarship assistance.**

---

---

---

---

---

---

---

---

---

---

*In signing below, I verify that the information on this page is current and accurate. I understand that this information is confidential and will be used only by Achieve Tahoe.*

X \_\_\_\_\_  
Signature Print Name Date