

2016 PROJECT UPLIFT APPLICATION

For children ages 0-14 living in Gloucester, Rockport, Manchester, Essex, & Ipswich

Return application by mail or in person to:

Action Inc. - Project Uplift
180 Main Street
Gloucester, MA 01930

↓ IMPORTANT - PLEASE READ! ↓



- * Deadline to apply is DECEMBER 19th
- * ONE application per family
- * Children must be living with you to be eligible
- * Make sure to read the guidelines included with this application



APPLICANT CONTACT INFORMATION (PARENT/GUARDIAN)

NAME:	
STREET ADDRESS:	CITY:
PHONE NUMBER:	EMAIL/ OTHER PHONE:

CHILDREN IN HOUSEHOLD: 0-14 YEARS OLD

FULL NAME	AGE	DATE OF BIRTH	GENDER	RACE	HISPANIC?
1.			M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
2.			M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
3.			M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
4.			M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
5.			M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>
6.			M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>

Use the letter in bold that best describes the race of each child: African American(**AA**), Asian(**A**), Multi-Race(**M**), Pacific Islander(**PI**), Other(**O**), White(**W**)

ADULTS/TEENS IN HOUSEHOLD: 15 & OVER

FULL NAME	Age	Gender	Race	Hispanic?	EDUCATION LEVEL
1		M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Up to 12 th grade <input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Beyond High School <input type="checkbox"/> College Graduate
2		M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Up to 12 th grade <input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Beyond High School <input type="checkbox"/> College Graduate
3		M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Up to 12 th grade <input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Beyond High School <input type="checkbox"/> College Graduate
4		M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Up to 12 th grade <input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Beyond High School <input type="checkbox"/> College Graduate
5		M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Up to 12 th grade <input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Beyond High School <input type="checkbox"/> College Graduate
6		M <input type="checkbox"/> F <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Up to 8 th grade <input type="checkbox"/> Up to 12 th grade <input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Beyond High School <input type="checkbox"/> College Graduate

Use the letter in bold that best describes the race of each household member: African American(**AA**), Asian(**A**), Multi-Race(**M**), Pacific Islander(**PI**), Other(**O**), White(**W**)

HOUSEHOLD INFORMATION

TOTAL NUMBER OF FAMILY MEMBERS IN HOUSEHOLD:	MONTHLY HOUSEHOLD INCOME: \$ _____ per month	DOES YOUR HOUSEHOLD RECEIVE FOOD STAMPS (SNAP)? YES <input type="checkbox"/> NO <input type="checkbox"/>
HOUSING STATUS: Rent <input type="checkbox"/> Public Housing <input type="checkbox"/> Own <input type="checkbox"/> Subsidized(Sect. 8) <input type="checkbox"/> Other <input type="checkbox"/> Homeless <input type="checkbox"/>	FAMILY/HOUSEHOLD TYPE: Single Female <input type="checkbox"/> Single Male <input type="checkbox"/> Two Adults <input type="checkbox"/>	Have you or anyone in your household ever received services through ACTION INC? YES <input type="checkbox"/> NO <input type="checkbox"/>

APPLICANT SIGNATURE

I declare that this form has been completed as truthfully and accurately as possible.

Applicant Signature: _____ Date: _____