

MATTHEW'S MIGHTY MISSION SCHOLARSHIP GUIDELINES

DEADLINE: **September 30, 2022**

MATTHEW'S MIGHTY MISSION is offering financial assistance to families wishing to utilize our services but who have limited financial resources available.

Families/Guardians will need to submit a prior year tax return, either a W-2 or 1099, and NOT EXCEED 250% of the 2022 Income Poverty Guidelines, as shown below:

250% of the Federal Poverty Level Guidelines			
Family Size	Annual	Monthly	Weekly
1	\$33,975	\$2,831	\$653
2	\$45,775	\$3,815	\$880
3	\$57,577	\$4,798	\$1,107
4	\$69,375	\$5,781	\$1,334
5	\$81,175	\$6,765	\$1,561
6	\$92,975	\$7,748	\$1,788
7	\$104,775	\$8,731	\$2,015
8	\$116,575	\$9,715	\$2,242
Each Add'l	\$11,800	\$983	\$227

To qualify, the following requirements **must** be met, with no exceptions:

1. Funds will be utilized to support an individual with a documented Developmental Disability, Intellectual and/or Physical.
2. Application must be received by the designated deadline.
3. Household income cannot be more than the 250% of the 2022 Poverty Income Guidelines as shown above.
4. Credit will be given for Specialized Programming to individuals, limited to a maximum of \$472.50 per family member (or 3 consecutive 6 week programs) Participants may be eligible for future scholarship funds beyond the amount of \$472.50 depending on current number of individuals waiting on service.

The Board of Directors of Matthew's Mighty Mission reserves the right to amend or discontinue any of its programs without notice, at any time.

MATTHEW'S MIGHTY MISSION

Program Grant Application

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name(s) of dependent(s) with Developmental, Intellectual, and/or Physical Disability and Diagnosis:

1. _____

2. _____

3. _____

Do any of these individuals receive services through Community Mental Health?

• Yes _____

• No _____

• If yes, please identify whom: _____

• If yes, please identify whom: _____

I HAVE READ MATTHEW'S MIGHTY MISSION GRANT APPLICATION GUIDELINES AND CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE:

Applicant Signature: _____ Date: _____