



Rose State Kids College Scholarship Application

Proof of Income & Midwest City Residency is required*

Application and documentation may be returned via email – grantsmgmt@midwestcityok.org or in person to the Midwest City Grants Office at 100 N. Midwest Blvd. MWC, OK 73110. Questions call 405-739-1216

Student Name: _____ Grade: _____ Date: _____

Parent/Legal Guardian Name: _____

Address: _____

Contact Phone Number: _____ E-mail: _____

Demographic Information

*Please indicate both a race and ethnicity – **Mark all that apply**

Race*: Black White Asian Am. Indian/Alaskan Nat. Nat. Hawaiian/Pac. Islander Other: _____

Ethnicity*: Hispanic Non-Hispanic

Disabled / Handicap: Yes No Female Head of Household: Yes No

Household Information

Total # of People Living in Household: _____ Adults _____ Children

Total gross annual income **must be at or below** 80% of Median Family Income as indicated by household size below in order to be eligible for scholarship.

Family Size	1	2	3	4	5	6
Mod 80%	\$45,850	\$52,400	\$58,950	\$65,500	\$70,750	\$76,000

Gross Annual Household Income: \$_____ *Documentation will be required

Are you receiving any type of government assistance, if so what? Yes _____ No

Are you on a free or reduced lunch program: Yes No

This application is for scholarship purposes only. Once approved Rose State Kids College enrollment will need to be completed by contacting 405-733-7488. All scholarship payments will be made directly to Rose State College. By signing below you agree that your child's education was impacted by school closures and/or subsequent virtual education requirements due to COVID-19. The information you have provided is true and accurate to the best of your knowledge. As this is a federally funded program in accordance to U.S.C. Title 18, Sec. 1001 "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

Applicant Signature

Date

Grants Office Use Only

Proof of Residency Provided Yes Type: _____ Proof of Income Provided Yes Type: _____

Gross Annual Income: _____ Income Level: _____ Notes: _____