

## **Invest in Independence Scholarship**

### **CA Adult Programs**

CA Human Services engages in ongoing fundraising to provide scholarships to Adult Program candidates who are unable to participate due to financial hardships. This one-year scholarship is awarded through our Invest in Independence Scholarship and covers 100% of their intake fees, program costs, and individualized service plan. The scholarship is awarded to one recipient per year as funding and space in our programs are available.

#### **Eligibility:**

This is a needs-based scholarship and is intended for an African American, American Indian/Alaskan Native, Asian Pacific Islander American, and Hispanic American candidate who meets the residential criteria below.

- 18 years old or older
- Diagnosed with Autism or other developmental disability
- No history of significant aggression, sexual misconduct, or fire-setting
- No history of or current experiences substance use, active psychosis, or persistent suicidal thoughts
- No hospitalization for mental health reason in the last 6 months
- Ability to independently dress, feed, bathe, toilet, and manage basic hygiene
- Ability to manage own medication with supports
- Has long-term goal of living independently with minimal support
- Engaged in part-time or full-time work or be enrolled in school part or full time (If unemployed, residents will do both of the following: 1) volunteer as many hours as they would work part-time (the minimum part-time hours for work or volunteering is 15-20 hours per week with appointments made outside of this) and 2) work with staff to find employment by filling out applications, researching jobs, working with DARS, and developing a plan to find work.)
- All candidates must be able to meet all program expectations.

## Invest in Independence Scholarship Application

### CA Adult Programs

**Candidate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Responsible Party Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (candidate):** \_\_\_\_\_

**Email (candidate):** \_\_\_\_\_

**Candidate Age Group:**

15 – 20 years  20 – 25 years  25 – 30 years  30 – 40 years  40 + years  I prefer not to say

**Candidate Gender:**

Female  Male  Non-binary  Transgender  Intersex  I prefer not to say

**Candidate Ethnic/Racial Category (Check all that apply):**

American Indian or Alaskan Native  Asian  Black or African America

American Pacific Islander  White

Hispanic/Latino American  Other: \_\_\_\_\_

I prefer not to say

Where does the candidate currently live?

- |  |  |
|--|--|
| <input type="checkbox"/> With parents/family               | <input type="checkbox"/> With non-family guardian  |
| <input type="checkbox"/> In apartment/house with roommates | <input type="checkbox"/> In my own apartment/house |
| <input type="checkbox"/> Other: _____                      |  |
| <input type="checkbox"/> I prefer not to say               |  |

Number of people in the **Financial Responsible Party** household \_\_\_\_\_

Yearly household income of **Financial Responsible Party** is: (check one)

- |                            |                            |
|----------------------------|----------------------------|
| _____ Below \$15,000       | _____ \$50,000 to \$55,000 |
| _____ \$15,000 to \$20,000 | _____ \$55,000 to \$60,000 |
| _____ \$20,000 to \$25,000 | _____ \$60,000 to \$65,000 |
| _____ \$25,000 to \$30,000 | _____ \$65,000 to \$70,000 |
| _____ \$30,000 to \$35,000 | _____ \$70,000 to \$75,000 |
| _____ \$35,000 to \$40,000 | _____ \$75,000 to \$80,000 |
| _____ \$40,000 to \$45,000 | _____ \$80,000 to 85,000   |
| _____ \$45,000 to \$50,000 | _____ Above \$85,000       |



## Scholarship Application Form Checklist

Include the following:

- Completed Application and signature page
- Household IRS 1040 from the previous tax year
- Financial Responsible Party W2
- Financial Responsible Party last two paystubs

## Signature

I certify that the information on this form is true and complete to the best of my knowledge.

Adult Candidate Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Reach out with questions and for more information:

[sarah.sheppard@cahumanservices.org](mailto:sarah.sheppard@cahumanservices.org)

Subject Line: Invest in Independence Scholarship

Mail or drop off the completed application package to:

CA Human Services  
C/O "Invest in Independence Scholarship"  
4108 E. Parham Rd.  
Richmond, Virginia 23228