



BEAUFORT

COUNTY COMMUNITY COLLEGE

Summer Enrichment for Youth 2022

Beaufort County Community College Foundation Office Scholarship Application

****Limit of one scholarship, per student, per summer****

Student's Name: _____ Social Security #: _____ (reporting purposes only)

Parent Guardian's First and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

County of Residence: _____

Email: _____

My family qualifies for this scholarship opportunity in the Summer Enrichment for Youth program under the following criteria (please check all that apply):

- I am currently unemployed. (Beginning date of unemployment: _____) (Provide copy of paperwork)
- I am a military veteran. (Provide copy of DD214 or other military documentation)
- I am a member of the NC National Guard. (Provide copy of ID card)
- I am working and earn wages at or below 200% of the federal poverty guidelines. (Provide copy of current pay stub. Number of dependents: _____ Ages: _____)
- Other. _____

Explain in your own words why your family should receive this scholarship opportunity (you may include attachment if you need more space):



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I hereby verify that all the information given by me on this application form is complete and accurate to the best of my knowledge.

Parent's Printed Name _____

Date _____

Parent's Signature _____

Please submit your completed application to:
 Continuing Education Registration & Records Office, Building 8, Room 802
continuingeducation@beaufortccc.edu
 252-940-6375

2021 HRD Tuition and Fee Waiver Guidelines

Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	\$15,980
Worker with one qualifying child	\$42,158
Worker with two qualifying children	\$47,915
Worker with three or more qualifying children	\$51,464

SOURCE: Retrieved February 25, 2021 from Internal Revenue Service Webpage
<https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/earned-income-tax-credit-income-limits-and-maximum-credit-amounts>

200% of the Federal Poverty Guidelines

Family Unit	200% of Poverty Guidelines
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
For each additional person, add \$9,080.00	

SOURCE: Retrieved February 25, 2021
<https://aspe.hhs.gov/system/files/aspe-files/107166/2021-percentage-poverty-tool.xlsx>
 (Actual Guidelines on Federal Register listed at 100%)