

Applicant Check List

Name _____ Date _____

Application complete and updated _____
Release of Information form complete _____
Copies of: Driver's License _____ ALL SS cards _____
EBT card _____ WIC _____ ALL medical cards _____
Budget: Accurate and updated _____

Current Accumulative GPA _____
Transcripts Received _____
Letter of why you want to be in program and story _____
Paystubs Received _____

Proof of assistance received (if applicable): WIA _____ ABC _____ FI _____

Children needs: Name, Age and needs – day care, after school etc.

-----FOR OFFICE USE ONLY-----

Completion Signature of Administrator _____



EAM Application

Please complete this application and return it with the following information to Sumter United Ministries.

1. Your transcript from high school, technical schools or colleges you have attended.
2. A copy of your picture ID and the social security cards of all family members in the household.
3. A copy of your most recent income tax return or last 4 weeks of pay stubs.
4. Medicaid cards for anyone on Medicaid in the household.
5. EBT card if you receive SNAP benefits.

TODAY'S DATE: _____

Applicant's Name: _____ **Date of Birth** _____
 (Last) (First) (Middle)

Applicant's Maiden Name or Other Named Used _____

Applicant's SS#: _____ **If referred, by whom:** _____

Address: _____
 (Street) (City) (State) (Zip)

Mailing Address (If different from above) _____
 (P.O. Box) (City Name) (Zip)

How many years have you lived at this address? _____

Client's Phone: _____ **Marital Status:** Single Separated Divorced

Cell Phone: _____ **Email:** _____

First and Last Names of All in Household	Birth Date	Age	Relation to Applicant	Grade In/Completed	Social Security No.
Applicant			Self		Above

Emergency Contact Person: _____ Phone: _____

Part 1: Household Income	
MONTHLY INCOME	\$ - AMOUNT
1. Paycheck	
2. AFDC/FI	
3. Food Stamps*	
4. SS Disability	
5. SSI	
6. Social Security	
7. Utility Check	
8. Child Support	
9. Workers Comp	
10. Help from Family	
11. Disability Ins.	
12. Other Income (specify)	
13. Pell Grant	
14. Work Study	
15. Scholarships	
16. Total Income	
17. Total Expenses	
18. NET (surplus/deficit)	

Part 2: Household Expenses	
MONTHLY EXPENCES	\$ - AMOUNT
1. Groceries/supplies	
2. Rent/mortgage	
3. Lot Space	
4. Electricity	
5. Gas (natural/propane)	
6. Fuel Oil / Kerosene	
7. Water & Sewer	
8. Garbage Pickup	
9. Cable or Satellite TV	
10. Internet connection	
11. Telephone (land line)	
12. Cell Phone	
13. Clothing	
14. Child care*	
15. Medical Expenses	
16. Medical Insurance	
17. Life Insurance	
18. Car Payment*	
19. Car Insurance	
20. Gasoline	
21. Title loans	
22. Credit Cards	
23. Other Loans	
24. Mics. (Smoking, etc.)	
25. Other Expenses (specify)	
26. Total Expenses	

*3. Food Stamps:

If you do not receive food stamps, have you applied for them before? _____

*14. Child Care:

Where do your children attend daycare/school? _____ Phone number _____

What is the cost per week? _____

*18. Year: _____ Make: _____ Model: _____

Have you ever received assistance from SUM? NO _____ YES _____ Explain: _____

Are you currently involved in a faith community? NO _____ YES _____ if YES, where?

Are you a veteran? _____ If so, are you receiving any assistance from the VA? _____

Have you had or are you having any major illnesses (physical or mental) concerns in the past 5 years?
If so, please list.

Are you taking medications at the present, and for what purpose?

Medications	Purpose
_____	_____
_____	_____
_____	_____
_____	_____

Do you have insurance (Medicaid, private, etc.)? _____

School Information:

Are you in school now? YES _____ NO _____ Where are you attending? _____

Major: _____ When did you begin? _____

When do you plan to graduate? _____

If NO, where do you plan to attend? _____ Major: _____

Have you applied? _____ Have you been accepted? _____ When will you begin? _____

Have you been approved for financial aid (Pell Grant, Lottery, etc.)? NO ___ YES ___ How Much? \$ _____

Do you have any other college experience not mentioned? _____

Please share some of your goals with us. Where do you see yourself in 3-5 years from now?

If more space is needed, please attach additional paper.

Parent Information:

Name of the other parent of children: _____

Their address: _____

Amount of child support you receive: (\$) _____ (\$)

What other assistance does this parent provide? _____

What visitation privileges does this parent have? _____

If you are not receiving child support, have you tried to get it? NO _____ YES _____

If yes, what was the outcome? _____

Employment Information:

Your Employer: _____ Phone: _____

Address: _____ Hours per week: _____

Job Title: _____ How long? _____ Supervisor's Name: _____

Annual Gross Income: _____ or (\$) _____ /per hour

Other Adults Living With You:

Name: _____ Phone: _____

Occupation _____ How Long _____

What (if any) support do they provide? _____

Background Information:

Were or are you currently under treatment for drug or alcohol abuse? _____

Explain: _____

Is there any issue you would like to make us aware of prior to running your background check?

**SUMTER UNITED MINISTRIES
EDUCATION ASSISTANCE MINISTRY
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Name (please print) _____ Birthdate _____

Children	Name	Birthdate
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	5. _____	_____

I authorize and request any and all institutions, agencies or case workers having, or hereafter having records or information pertaining to myself and the above named clients to release or disclose such records to Sumter United Ministries, 36 Artillery Drive, Sumter South Carolina, 29150, (mailing PO Box 1017, Sumter South Carolina, 29151), for any and all persons for use in connection with helping me and or my family.

I further authorize and request Sumter United Ministries to release or disclose any and all records and information pertaining to myself and the above named clients and or those living with me to any and all institutions, agencies, or caseworkers, for use in connection with assisting me and/or my family.

I, on behalf of myself and any other person having an interest in the matter, release Sumter United Ministries and the institution(s), agency(ies), or caseworker(s) supplying records and/or information from all legal responsibility that may arise from the release of information I have authorized above.

The **Sumter United Ministries Assistance Network**, *hereinafter referred to as "CharityTracker"*, is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Sumter United Ministries (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Sumter United Ministries (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information regarding services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. However, declining to authorize the recording of your case file information in CharityTracker will forfeit your consideration for assistance from Sumter United Ministries.

I authorize Sumter United Ministries, as a CharityTracker Participating Agency, to share with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Sumter United Ministries (Participating Agency), as a CharityTracker Participating Agency, to share any and all records and information pertaining to myself, my family or those living with me with other CharityTracker participating agencies.

I certify that all information provided by me to Sumter United Ministries to be true and correct. If found to be false or incorrect, I understand that I might forfeit consideration of assistance on my behalf at this time and/or in the future.

Signature of Applicant _____ Date _____

Social Security Number _____

Signature of SUM Representative _____ Date _____

References

1. Reference Name _____ Phone number _____
 2. Reference Name _____ Phone number _____
 3. Reference Name _____ Phone number _____
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Religion Preference/Denomination _____

Do you attend church regularly (y/n)? _____ Where? _____

Name of Pastor _____

Would you like a referral to a local church? (y/n)

Selection Process

1. Once the student has completed the application, the EAM Administrator will complete a Reference Check. After, students will be notified if they will advance in the selection process.
2. The student will have an initial interview with a staff member of Sumter United Ministries. Once the initial interview has been completed, the student will be notified if she/he has been recommended to advance in the selection process.
3. Students recommended will be passed on to the Selection Team. The Selection Team will speak with those that are recommended, and will score their interview based upon a weighted scale. The students with the highest scores will fill the empty slots in the EAM. The remaining students will be placed on a waiting list.