



Department of Health Sciences

Summer Health Careers Institute Student Need Funding Request

Funds provided by a regional Kaiser Permanente grant.

This form must be returned to the HOPE Center, via email at hopecenter@santarosa.edu or in person at 1501 Mendocino Ave, Santa Rosa, CA 95401, Emeritus 1575. Requests need to be submitted by Monday in order to receive a check by the following Friday.

Contact Information:

Student Name: _____

Email: _____

Phone: _____

Program Costs and Supplies:

Please put the cost of each item for which you are requesting reimbursement, next to the items below. You will be required to provide documentation and receipts for expenditures.

Scrubs -- \$35.00-\$40.00 _____

CPR Certification -- \$55.00 _____

Parking Permit --\$60.00 _____

Bus Pass --\$25.00/month _____

2 Badges --\$8.00 _____

SRJC Student Fees --\$24.00 _____

Other _____

Textbooks:

Please list your textbook(s) and cost below:

Institute of Heart Math: Resilience Advantage Participant Guidebook - \$15.00

Vital Smart LC, Crucial Conversations – 2-Day Participant Suite - \$125.00

Total amount of request \$ _____

Please write a statement of need, i.e. why you are requesting this funding (less than 50 words):



**Santa Rosa Junior College
Summer Health Careers Institute (SHCI)
INCOME VERIFICATION**

STUDENT NAME _____ ID _____

Taxable Income: \$ _____

Size of Family Unit: _____

I confirm, to the best of my knowledge, that the above listed information for my Annual Taxable Income is accurate.

Signature (Student OR Parent*)

Date

***dependent students must have parent signature; independent students must sign for self**

The parents'/legal guardians' federal tax return must be used if they claimed the student as a dependent on their income tax return, or if the student was under 24 years old, single, and not a veteran. The student's federal tax return must be used if the student was not claimed as a dependent and was 24 or older, have a child, married, or is a veteran.

2016 Annual Low Income Levels

Size of Family	Taxable Income Level
1	\$17,655.00
2	\$23,895.00
3	\$30,135.00
4	\$36,375.00
5	\$42,615.00
6	\$48,855.00
7	\$55,095.00
8	\$61,335.00

How do I read the federal income chart? Circle the size of your family and the corresponding level of taxable income. If you have 3 people in your household and your taxable income was \$15,625, then your income would fall below the cut off of \$30,240. You would then be income eligible to apply for a scholarship for SHCI.

What is considered family unit? Family unit is the total number of persons who are related to you by blood, marriage or adoption and are dependent on the head of household for support.

Where do I find my taxable income information? You can use your most recent federal income taxes.

IRS Form 1040 Line 43

IRS Form 1040A Line 27

IRS Form 1040EZ Line 06