



# THE READING GROUP

www.readinggroup.org

## CERTIFICATION FOR SCHOLARSHIP CONSIDERATION (TO BE COMPLETED BY THE PARENT/GUARDIAN)

Please circle the number of individuals, including adults, in your family/household and the income level for the household.

### FAMILY SIZE (# OF PERSONS)

### INCOME LEVEL

2	\$60,052 or more \$19,400 or less \$14,600 or less
3	\$71,329 or more \$24,400 or less \$18,300 or less
4	\$81,465 or more \$29,300 or less \$22,100 or less
5	\$76,898 or more \$34,300 or less \$25,800 or less
6	\$70,010 or more \$39,300 or less \$29,500 or less
7	\$76,118 or more \$44,200 or less \$33,300 or less
8	\$76,118 or more \$49,200 or less \$37,000 or less

Please complete the information below and mail this sheet with your most recent W-2 forms for your family.

Parent/Guardian signature \_\_\_\_\_ Family's yearly Income \_\_\_\_\_  
 Name of child \_\_\_\_\_ Age \_\_\_\_\_  
 Address: Street \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_