



## IT PAYS Program Application GUIDELINES

We're HERE To HELP, Inc. (WHTH) recruits students to participate in our **Integrated Training for Personal Advancement and Youth Success (IT PAYS)** program. This program is designed to guide post-secondary students as they pursue an undergraduate degree or vocational certification from an accredited higher education institution.

IT PAYS Scholars are required to attend life/employment/leadership skills workshops, perform community service hours and participate in other program-sponsored events. Upon meeting established criteria, each scholar will receive \$1,000 scholarship for book and supplies. Program benefits are renewable for up to five years.

To qualify applicants must reside in Hillsborough County Florida and attend or plan to attend a college or vocation school in Hillsborough, Pinellas or Pasco County. Students with average grades (cumulative C average or the generally accepted equivalent) or those from low to moderate-income families receive first consideration. Selected students range from high school seniors to college juniors. Once accepted into the program, IT PAYS Scholars must maintain at least a cumulative C average, or the generally accepted equivalent, and full-time status at an accredited college, university or vocational school.

Completed applications must be mailed and postmarked by February 28, 2017. **Applications that are incomplete or postmarked after 2/28/17 will not be considered.** IT PAYS Scholars will be selected and notified by mail on or before April 30, 2017. **Please note that the release signature must be notarized. Applications received without a notary seal and signature will not be considered.** Please **retain a copy** of the application for your records.

The following items **must** be submitted along with your application:

- Proof of student's income (copy of recent pay stub).
- A copy of the parent(s)/guardian(s) 2016 (or most recent) Federal W-2 tax form or explanation as to why this information cannot be submitted. Family income will be a factor in determining the student's financial need. All information will be kept in confidence. (Feel free to block out Social Security numbers. We are only interested in family income).
- An official copy of the student's most recent high school or college transcript (GPA must be included).
- Two typewritten letters of recommendation are requested (example: teacher, coach, member of your church or a community organization). Neither can be a relative. Letters must dated and signed by the recommending person(s) and include a contact address and telephone number.
- A typed one-page essay is required which outlines the student's educational and career goals and how he/she will benefit from participating in the **IT PAYS** program.
- Confirmation of Acceptance (written proof of admittance and attendance at a specified college/ university from the Registrars Office must be provided). Note: The initial application can be submitted without this information.
- Proof of United States Citizenship (copy of birth certificate or naturalization documents)
- Recent photograph of applicant.

All information in this application will be held in strict confidence. Selection of qualified candidates will be made solely by the We're HERE To HELP Selection Committee. We reserve the right to announce and publish the names and photos of IT PAYS Scholars in all media.

**MAIL application and other requested materials to:** We're HERE To HELP Inc., PO Box 340831, Tampa FL 33694. If you have questions please call 813-962-8918 or email [info@whth.org](mailto:info@whth.org).

For more information visit our website: [whth.org](http://whth.org)  
Follow and friend us on Facebook: [facebook.com/WHTHinc](https://www.facebook.com/WHTHinc)



**We're HERE To HELP, Inc. – whth.org**  
**Integrated Training for Personal Advancement and Youth Success**  
**(IT PAYS)**

**Program Application**

**THIS SECTION IS TO BE COMPLETED BY THE STUDENT:**

**Name:** \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Date of Birth:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**U.S. Citizen:** ( ) Yes ( ) No **Gender:** ( ) Female ( ) Male

**High School or College You Currently Attend:** \_\_\_\_\_

**Your Current Cumulative Grade Point Average:** \_\_\_\_\_

**Are You Presently Employed?:** ( ) Yes ( ) No Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If Yes, name of employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Your Position \_\_\_\_\_ Weekly Salary \_\_\_\_\_

**Extra Curricula Activities:** 1) \_\_\_\_\_

Office Held ( ) Yes ( ) No If yes, what and when \_\_\_\_\_

2) \_\_\_\_\_

Office Held ( ) Yes ( ) No If yes, what and when \_\_\_\_\_

3) \_\_\_\_\_

Office Held ( ) Yes ( ) No If yes, what and when \_\_\_\_\_

*If you participate in additional activities please list them on a separate sheet of paper and provide the same information requested above.*

How did you hear about this program? \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE PARENT(S) OR LEGAL GUARDIAN(S):**

# People In The Household \_\_\_\_\_ # of Individuals Dependent on Parent(s) Income for Support: \_\_\_\_\_

# People In The Household Attending College or Vocational School During The Upcoming School Year:  
\_\_\_\_\_

**Mother/Guardian Information:** Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Yearly Income \_\_\_\_\_

**Father/Guardian Information:** Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Yearly Income \_\_\_\_\_

**APPLICANT/PARENT RELEASE (If applicant is under 18 parent signature is required here) - MUST BE NOTARIZED whether signed by applicant or parent.**

I, \_\_\_\_\_, am the applicant or parent of applicant named above and consent to release to We're HERE To HELP Inc. any and all information contained herein and/or required for consideration of this application and authorize the use of submitted photos for WHTH publicity purposes. I understand that false statements may be sufficient cause for disqualification.

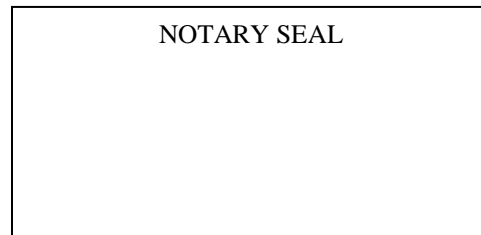
**NOTARY SEAL (required)**

Subscribed and sworn to me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_ and the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_





## IT PAYS Program APPLICATION CHECKLIST GUIDELINES

### EACH APPLICANT MUST MEET ALL OF THE FOLLOWING ELIGIBILITY REQUIREMENTS:

- Be a U.S. citizen and a resident of Hillsborough County, Florida
- Maintain a minimum cumulative C average or the generally accepted equivalent
- Attend or plan to attend an accredited college, university or vocational school in Hillsborough, Pinellas or Pasco County

### APPLICATION ATTACHMENTS CHECKLIST (See guidelines for complete instructions)

- \_\_\_ Official Transcript with cumulative GPA
- \_\_\_ Two letters of recommendation (dated and signed)
- \_\_\_ Personal goals statement (one-page essay)
- \_\_\_ Proof of U.S. citizenship (copy of birth certificate or naturalization documents)
- \_\_\_ Proof of student income (if applicable)
- \_\_\_ Parent(s)/guardian(s) most recent Federal W-2 tax form
- \_\_\_ Recent photograph

### MAILING INSTRUCTIONS CHECKLIST

- Complete and submit pages completed application and requested attachments
- Sign the application **(must be notarized)**
- Include a self-addressed, stamped envelope or postcard for acknowledgement of receipt of application packet.

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### MAIL YOUR COMPLETED APPLICATION PACKET TO:

We're HERE To HELP, Inc.  
PO Box 340831  
Tampa FL 33694

**MUST BE POSTMARKED BY FEBRUARY 28, 2017**

*Advancing Higher Education!*