GINA GRANT BULL MEMORIAL LEGISLATIVE PAGE SCHOLARSHIP PROGRAM

Gina Grant Bull loyally worked in the Washington State Legislature for many years. She held roles ranging from Legislative Assistant in both the House and Senate, to House Page Supervisor. This caring woman worked every day to make others in the legislature feel like family, but the pages held an extra special place in her heart. While overseeing with the pages, she enthusiastically helped students from every corner of the state as they learned about our government and the functions of democracy. Sadly, in October of 2016, Gina unexpectedly passed away at the age of 57. Through this scholarship, her legacy of helping pages will live on. Youth who need assistance with the expenses accumulated during their experience in Olympia can earn a scholarship to offset their



cost. This extends the opportunity to anyone, regardless of economic status, which was a goal of Gina's.

The scholarship is intended to support families who demonstrate financial need, and we encourage those who qualify to submit an application. Please be assured that all information will be kept confidential and the award process will be administered in a discrete and respectful manner. Applying for this scholarship will not help or hurt chances of acceptance into the program. Scholarship applications must be received no later than one month prior to paging.

| Applicant Name | School | Age | | | |
|---|------------------|-----|--|--|--|
| Address | Home Phone: | | | | |
| Legislative Sponsor | Alternate Phone: | | | | |
| While paging, student will be: Commuting Staying away from home | | | | | |

SCHOLARSHIP QUALIFICATIONS

This scholarship uses the Federal Free and Reduced Lunch Qualifications displayed below to assess need. For verification purposes, applicants must supply a copy of the letter of approval issued by the school district after the free & reduced application is processed. Districts can generate a copy at any time upon request. For homeschool students or private school students attending a school that does not participate in the federal lunch program, a copy of the benefits received from TANF, Basic Food/EBT, FDPIR, McKinney Vento Act or foster care can serve as an equivalent document.

| Household Size | Annual Income | Monthly Income | Bi-Monthly Income | Weekly Income |
|--|---------------|----------------|--------------------------|---------------|
| 2 | \$33,874 | \$2,823 | \$1,412 | \$652 |
| 3 | \$42,606 | \$3,551 | \$1,776 | \$820 |
| 4 | \$51,338 | \$4,279 | \$2,140 | \$988 |
| 5 | \$60,070 | \$5,006 | \$2,503 | \$1,156 |
| 6 | \$68,802 | \$5,734 | \$2,867 | \$1,324 |
| 7 | \$77,534 | \$6,462 | \$3,231 | \$1,492 |
| 8 | \$86,266 | \$7,189 | \$3,595 | \$1,659 |
| Add for each additional household member | +\$8,732 | +\$728 | +\$364 | +\$168 |

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PERSONAL STATEMENT

Please provide us with a brief personal statement. Describe any financial changes, family expenses or other special circumstances. Feel free to include an additional page.

CERTIFICATION

| Parent Name (please print) | | |
|---------------------------------|------|-----|
| Parent Signature | Date | Ħヱ∎ |
| Applicant's Name (please print) | | |
| Applicant's Signature | Date | |

I hereby certify that all information on this application is true and that all documents are authentic. I understand that scholarships are awarded based on the information I give. I understand that this information may be verified. I understand that by giving false information, I forfeit chances of a scholarship.

PROCESS:

Please return scholarship application to:



Gina Grant Bull Page Scholarship PO Box 40482 Olympia, WA 98504-0482

QUESTIONS:

If you have any questions or concerns, contact the Page Program at <u>civic.ed@leg.wa.gov</u>.