

## SARE Student Eligibility Criteria/Application Process

Admission to the SARE Program is a highly competitive process. Students must complete an application and interview. In addition, students must meet the qualifying factors detailed below.

### **Meets criteria for educationally under-resourced**

Must meet one of the following qualifications (please indicate which applies to you):

- First-generation student to attend a four-year college
- Attend a school where the majority of students are part of the Free and Reduced Meals (FARM) Program

### **Meets criteria for “low-income” (defined below) and must be:**

- US citizen, non-citizen national, or foreign national who possesses a visa permitting permanent residence in the United States
- Must have completed freshman year of high school by June, 2021

**For the purposes of SARE, a “low-income” student is defined as a child who lives in a household that has an income that does not exceed 200% of the Federal poverty level.**

Persons in Family	Federal Poverty level Income	200% income
2	\$17,240	\$34,480
3	\$21,720	\$43,440
4	\$26,200	\$52,400
5	\$30,680	\$61,360
6	\$35,160	\$70,320
7	\$39,640	\$79,280
8	\$44,120	\$88,240

Steps:

- 1) Complete and submit the student application by December 18, 2020.
- 2) Submit proof of monthly income along with the application. You may submit:
  - 2019 tax documents (1040)
  - One month of pay stubs for all working family members with the attached form
  - Or proof of cash assistance payments / lack of income

If you have any questions, you may contact Laura Murphy, SARE Director at [lmurph36@jhmi.edu](mailto:lmurph36@jhmi.edu) for more information.

**Applicant's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**AFFADAVIT OF CURRENT INCOME AND LIVING EXPENSES**

1. Your present monthly gross pay.....\$ \_\_\_\_\_  
Send copies of your 2 most recent pay stubs for all jobs worked

2. Your spouse's monthly gross pay.....\$ \_\_\_\_\_  
Send copies of your 2 most recent pay stubs for all jobs worked

Spouse's name: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

3. Other monthly gross income (specify type: Social Security, pension, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

4. List names for all dependents residing in your home.  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

5. **TOTAL MONTHLY INCOME (INCLUDING ALL MEMBERS OF HOUSEHOLD)** \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_