

**CDBG: Community Development Block Grant Program:** The Community Development Block Grant (CDBG) Program provides annual grants on a formula basis to states, cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. The program is authorized under Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended [42 U.S.C. 5301 et seq.](#)

**Community Development Block Grant – SEA LAB SCHOLARSHIP FUND**

The CDBG - SEA LAB PROGRAM is pleased to sponsor a scholarship for summer Sea Lab students indicating a financial need.

An “INCOME CERTIFICATION FORM” MUST BE COMPLETED TO BE CONSIDERED FOR THE CDBG - SEA LAB SCHOLARSHIP.

A CDBG - Sea Lab Scholarship Committee will decide if a student qualifies for a full paid tuition or a partial tuition.

The Guidelines for the Scholarship eligibility are as follows - please complete each entry:

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Telephone/Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Size of Family (Members): \_\_\_\_\_

Lunch Qualifier: \_\_\_\_\_

Siblings attending Sea Lab: \_\_\_\_\_

Previous Scholarship(s) Received \_\_\_\_\_

The following must be attached to the **APPLICATION OR REGISTRATION** for a summer Sea Lab scholarship:

- The **Registration or Application**
- **INCOME VERIFICATION FORM**
- A copy of your most recent **Report Card**
- A **paragraph** indicating why you are applying for this scholarship -
- this is a scholarship based on financial need

Return the Scholarship Application **BY APRIL 1, 2024** to:

Sea Lab  
Simone Bourgeois, ATTN: CDBG - SEA LAB SCHOLARSHIP  
New Bedford Day Education Foundation  
71 Portland Street  
New Bedford, MA 02744

**Community Development Block Grant – SEA LAB SCHOLARSHIP** Application due on: **April 1, 2024**

**DUE DATE APRIL 1, 2024 – THIS FORM MUST BE FILLED OUT FOR EVERY SCHOLARSHIP APPLICATION AND RETURNED WITH THE SCHOLARSHIP APPLICATION, SIGNED.**

**ESSAY:**

**My Reason(s) for Applying for the Community Development Block Grant – SEA LAB SCHOLARSHIP**

[illegible]

**DUE DATE APRIL 1, 2024 – THIS FORM MUST BE FILLED OUT FOR EVERY SCHOLARSHIP APPLICATION AND RETURNED WITH THE SCHOLARSHIP APPLICATION, SIGNED.**



Please complete the following HUD Form:

**CITY OF NEW BEDFORD**  
**Office of Housing and Community Development**

**INCOME CERTIFICATION FORM**  
**FISCAL YEAR 2022**

Income Limits set by the U.S. Department of Housing & Urban Development *(Please circle one):*

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 – 19,800	0 – 22,600	0 – 25,450	0 – 28,250	0 – 32,470	0 – 37,190	0 – 41,190	0 – 46,630
Very Low Income (50%)	19,801 – 32,950	22,601 – 37,650	25,451 – 42,350	28,251 – 47,050	32,471 – 54,600	37,191 – 48,350	41,191 – 58,350	46,631 – 62,150
Low Income (80%)	32,951 – 52,750	37,651 – 60,250	42,351 – 67,800	47,051 – 75,300	54,601 – 87,350	48,351 – 77,300	58,351 – 93,400	62,151 – 99,400
Over Income	52,751 - Above	60,251 - Above	67,801 - Above	75,301 - Above	87,351 - Above	77,301 - Above	93,401 - Above	99,401 - Above

**Ethnicity:** *(select only one)*

☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race:** *(select only one)*

☐ White ☐ Native Hawaiian/Other Pacific Islander ☐ Am. Indian/Alaskan Native & Black/African Am.  
☐ Black/African American ☐ American Indian/Alaskan Native & White ☐ Asian/Pacific Islander  
☐ Asian ☐ Asian and White ☐ Other Multi-Racial  
☐ American Indian/Alaskan Native ☐ Black/African American and White

**Other:** *(select all that apply)*

☐ Seniors (62 years or older) ☐ Minors (up to age 18) ☐ Female Head of Household ☐ Handicapped or Disabled

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

I certify, under the penalties of law, that this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford's Office of Housing & Community Development and the U.S. Department of Housing & Urban Development.

**This information will be kept confidential and used for HUD monitoring purposes, only.**

**NOTE: If client is below 18 years of age, parent or legal guardian must verify income and sign form.**

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FY 22 CITY OF NEW BEDFORD OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT**  
**CDBG INCOME CERTIFICATION FORM**

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