

## Crosby Scholars/New Century IDA Last Dollar Grant Matching Program

### Check List for Parents:

#### To Be Completed Immediately:

- ☐ Ensure your student opens an IDA savings account at **the BB&T on 200 West Second Street in Downtown Winston-Salem**. They will not be eligible to receive the IDA matching grant until the savings account has been open for 6 months.
- ☐ Help your student fill out and return their application to the Experiment in Self-Reliance. *If you still claim your child as a dependent on your taxes, you will need to fill out the "parent information section" of the application.*
- ☐ If you still claim your child as a dependent on your taxes, sign the "Consent for Release of Information" form and get the **"Request for Verification of Employment"** filled out by your employer and fax both papers to ESR. You will also need to fax a copy of your paystub to ESR for further income verification. If both parents are present in your household, both of you will need to fill out the required documentation so that total household income can be determined.  
***\*\*If you do not claim your student as a dependent, they will fill out the forms with their own information and fax them to ESR.***

#### To Be Completed in Months 1-6

- ☐ Remind your student to put money into their BB&T IDA savings account each month. They will need to save on **average \$50 a month** to reach the minimum requirement of \$300 at the end of their 6 month waiting period.
- ☐ Make sure your student registers for and begins working on the **"Money Smart"** modules. They will need to complete and pass all 8 modules before they will be eligible to receive the matching grant funds. Instructions on how to access the modules can be found on the sheet **titled "Crosby Scholars/New Century IDA Money Smart Instructions"** that was included in the IDA information packet.
- ☐ Ensure that your student is checking in with their success coach each month.
- ☐ Remind your student they must maintain a minimum of a 2.0 GPA.
- ☐ Remind your student to remain Crosby eligible by continuing to submitting their end of term grades.

Crosby Scholars/New Century IDA  
Last Dollar Grant Matching Program

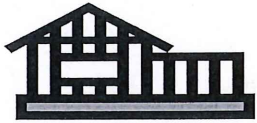
Check List for Students:

**To Be Completed Immediately:**

- ☐ Open your IDA savings account at the **BB&T on 200 West Second Street in Downtown Winston-Salem**. *You will not be eligible to receive the IDA matching grant until your savings account has been open for 6 months.*
- ☐ Fill out and return your application to the Experiment in Self-Reliance. *If your parents still claim you as a dependent on their taxes, they will need to fill out the "parent information section" on the application.*
- ☐ Make sure your parent(s) sign the "Consent for Release of Information" form and get the "Request for Verification of Employment" filled out by their employer and fax both papers to ESR. They will also need to fax a copy of their paystub to ESR for further income verification. If both parents are present in your household, they will both need to fill out the required documentation. ***\*\*If your parents do not claim you as a dependent, you will fill out the forms with your own information and fax them to ESR.***

**To Be Completed in Months 1-6**

- ☐ Start putting money into your savings account each month. You will need to save on average \$50 a month to reach the minimum requirement of \$300 at the end of your 6 month waiting period.
- ☐ Register for and begin working on the "**Money Smart**" modules. You will need to complete and pass all 8 modules before you will be eligible to receive the matching grant funds. Instructions on how to access the modules can be found on the sheet titled "**Crosby Scholars/New Century IDA Money Smart Instructions**" that was included in your information packet.
- ☐ Check in with your success coach each month.
- ☐ Maintain a minimum of a 2.0 GPA.
- ☐ Remain Crosby eligible by continuing to submitting your end of term grades.



Professor Michael Sherraden,  
Pioneered the IDA Concept

## NEW CENTURY IDA

### Crosby Scholars Application Form

Please be sure to answer every question. All the information that is provided is kept confidential.

*The following section is to be completed by the student.*

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Email Address: \_\_\_\_\_@\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

College Attending: \_\_\_\_\_ Year currently in: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at Residence \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at Residence \_\_\_\_\_

*Please indicate which of the following describes your permanent address:*

\_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Buying \_\_\_\_ Section 8 \_\_\_\_ Other

Payment Amount: \_\_\_\_\_

*The following section is to be completed by a parent, if applicable.*

Date: \_\_\_\_\_

Name of Parent (s): \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Email Address: \_\_\_\_\_@\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at Residence \_\_\_\_\_

*Please indicate which of the following describes your permanent address:*

\_\_\_\_ Own \_\_\_\_ Rent \_\_\_\_ Buying \_\_\_\_ Section 8 \_\_\_\_ Other

Rent/Mortgage Payment Amount: \_\_\_\_\_



**Insert Description of who is expected to fill out the following section concerning employment:**

Employer: \_\_\_\_\_ Job Title/Position \_\_\_\_\_  
Address: \_\_\_\_\_ Length of Employment \_\_\_\_\_  
\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title/Position \_\_\_\_\_  
Address: \_\_\_\_\_ Length of Employment \_\_\_\_\_  
\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Total number in Household: \_\_\_\_\_. Please list your entire household (including applicant) below:  
(List ANY and ALL **monthly** income for each household member. [i.e. Wages, Child Support, Social Security, SSI, Disability, Veterans, etc...]) **ATTACH ADDITIONAL SHEET IF MORE SPACE NEEDED**

Name	Date of Birth	Sex	Relationship	Income
				\$
				\$
				\$
				\$
				\$
				\$

Total Assets: \$ \_\_\_\_\_

Total Amount owed to Creditors (credit cards, banks, loans, vehicles, etc.): \$ \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand that the completion of the application in no way guarantees that I will receive an IDA match.

# Request for Verification of Employment

## IDA Crosby Program

<b>Part 1 - Request</b>		
1. To (Name and Address of Employer)	2. From (Name and Address of Agency Requesting Form)  <div style="background-color: yellow; text-align: center; padding: 2px;"><b>Please return via fax to the agency indicated</b></div> <input type="checkbox"/> Experiment in Self-Reliance, fax: 336-748-8312	
<b>I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.</b>		
3. Name, SSN, and Address of Applicant	4. Signature of Applicant	
<b>Part 11 - Verification of Current Employment</b>		
5. Applicants Date of Hire	6. Current Position	7. Probability of Continued Employment
8. Current <b>GROSS</b> Base Pay and Pay Period <div style="display: flex; justify-content: space-between;"> <span>\$ _____</span> <div> <input type="checkbox"/> Annual    <input type="checkbox"/> Hourly    <input type="checkbox"/> Bi-Weekly  <input type="checkbox"/> Monthly    <input type="checkbox"/> Weekly    <input type="checkbox"/> Other (specify) _____         </div> </div> Number of hours worked: _____		
9. If Overtime or Bonus is Applicable, it likely to continue? If yes, amount?  Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____  Bonus <input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____		
10. <b>GROSS</b> Earnings YTD	11. <b>GROSS</b> Earnings Past Year	12. <b>GROSS</b> Earnings Past Year
<b>Part 111 - Authorized Signature</b>		
13. Signature of Employer	14. Title	15. Date
16. Printed Name	17. Phone Number	

**EXPERIMENT IN SELF-RELIANCE, INC.**

**PO BOX 135  
WINSTON-SALEM, NC 27101  
(336) 722-9400**

**CONSENT FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ hereby authorize Experiment in Self-Reliance, Inc. to disclose to, receive from and communicate any information needed on my behalf.

I acknowledge that the reciprocal exchange of information is permitted with this release for the purpose of facilitating the preparation, implementation, and follow-up of my individual case plan and services. I also acknowledge that my consent is voluntary and can be withdrawn by written notice at any time except to the extent that action based on this consent has been taken. This consent is valid for a period of one year, and expires on \_\_\_\_\_

In the event that I fail to provide the necessary information to the agency, the agency has my consent to contact my employer and references.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date