

THRIFTING 4 GIVING SCHOLARSHIP APPLICATION -- 2026

Name:		
Street Address:		
City:	State:	Zip Code:
Email address:	Telephone:	
Current High School:		GPA:
Current College		

For Riverside, San Bernardino County residents, THRIFTING 4 GIVING is awarding a scholarship of \$2,000 to students who are currently attending or will attend AN ACCREDITED PUBLIC COLLEGE during the Summer or Fall Semester of 2026.

You may use the scholarship dollars for tuition and any education-related expenses.

If you are awarded a scholarship, official evidence of attendance MUST be provided directly from the college to THRIFTING 4 GIVING. Failure to provide proof of attendance will result in the forfeiture of your scholarship.

SPECIFIC CRITERIA: To qualify for consideration, recipients must meet all the following criteria:

1. At the time of submitting this application:
 - a. You must attend a public college in the Summer or Fall of **2026**.
 - b. High school students must be on track to graduate in June 2026.
2. You must have a GPA of 2.5 or above.
3. You must be classified as living in a family of Low/Moderate Income (LMI). If awarded, you must complete the Income Limits Certification.

TO APPLY: Please complete the following:

1. Complete pages 1 and 2 of this application.
2. Provide one letter of recommendation.
3. Provide a copy of your official transcript.
4. Provide a one-to-two-page essay describing:
 - a. Any adversities or challenges you have faced and how you overcame them.
 - b. Your educational and professional goals
 - c. Your current financial situation and why you need assistance.

MAIL OR DELIVER COMPLETED APPLICATIONS TO:

Connie Harris, Scholarship Chairman
 THRIFTING 4 GIVING
 28720 Via Montezuma
 Temecula, CA 92590

THE COMPLETE SCHOLARSHIP APPLICATION PACKET MUST BE RECEIVED ON OR BEFORE 4 P.M., WEDNESDAY, APRIL 15, 2026. Incomplete, late, or emailed applications will not be accepted.

CONTACT CONNIE HARRIS: scholarships@thrifting4giving.org (951) 965-9975 for more information.

Note: Total Yearly Family Income means all people living in the same household who are related by birth, marriage, or adoption and are benefiting from the activities and contribute to the Total Yearly Family Income

2025-2026 Fiscal Year - Income Limits Certification Chart

Based on the 2025-26 Fiscal Year H.U.D CDBG Income Limits Certification Chart

	Household Size ▼	Income Level 1. Equal to or less than the amount listed below.	Income Level 2 Equal to or less than the amount listed below	Income Level 3 Equal to or less than the amount listed below
1) CIRCLE the number of people in your family in the first column. 2) To the right of your selected family size, CIRCLE the Income amount that is equal to or less than your yearly Family Income.	1	\$18,500	\$30,800	\$49,300
	2	\$21,150	\$35,200	\$56,350
	3	\$23,800	\$39,600	\$63,400
	4	\$26,400	\$44,000	\$70,400
	5	\$28,550	\$47,550	\$76,050
	6	\$30,650	\$51,050	\$81,700
	7	\$32,750	\$54,600	\$87,300
	8	\$34,850	\$58,100	\$92,950

Ethnicity/Race:

<input type="checkbox"/>	White	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Other (Please specify.)		

Gender:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
<input type="checkbox"/>	Other		

Head of Household:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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I (the undersigned) certify that the information and documentation provided are accurate and complete. I understand that this certification may be subject to further verification by the agency providing services.

Signature: _____ **Print Name:** _____