

# First-Time DBISG Application

## Attachments Guide

### Welcome!

**DBISG requires five additional documents to complete your grant application.** This is a guide to help you find the right documents to complete your application.

**This guide provides examples of what we are looking for.** Still unclear? Please contact your representative below for assistance.

**Save time by uploading the correct documents!** Having the correct documents in your application will speed up the review process.

**Please review this guide prior to submitting your DBISG Application.**



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Save time by uploading the correct documents into your DBISG application.

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## Student Aid Index (SAI)

This information is provided by FAFSA after submitting your FAFSA application.

<https://studentaid.gov/help-center/answers/article/what-is-sai>



Student Name,



We received your *Free Application for Federal Student Aid* (FAFSA®) form.

Submission date: **January 10, 2024**

Date Release Number (DRN): **1234**

Note: Keep your DRN private. [Read about the Data Release Number](#) for more information.

**Estimated Student Aid Index (SAI) = -1500**

The SAI is **not** a measure of how much student aid you'll receive or how much you'll pay for college. Schools use your SAI to determine your federal student aid eligibility.

Based on the [eligibility criteria](#), you may be eligible for a [Federal Pell Grant](#) of up to \$7,395. You may also be eligible for other federal, state, or institutional grants; scholarships; and/or work-study programs.



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## Federal Income Tax

A copy of Federal 1040 form filed for your family for this year. If you did not file taxes, attach a statement saying so. **We encourage you to block out/remove any Social Security Numbers on your tax form to protect your privacy.**

**Form 1040** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status** ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.		State
Foreign country name		Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☐ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
				Child tax credit
				Credit for other dependents

Attach Sch. B if required.

**Standard Deduction for—**

- Single or Married filing separately, \$12,400
- Married filing jointly or Qualifying widow(er), \$24,800
- Head of household, \$18,650
- If you checked any box under Standard Deduction, see instructions.

**1** Wages, salaries, tips, etc. Attach Form W-2.

**2a** Tax-exempt interest . . . . .

**3a** Qualified dividends . . . . .

**4a** IRA distributions . . . . .

**5a** Pensions and annuities . . . . .

**6a** Social security benefits . . . . .

**7** Capital gain or (loss). Attach Schedule D.

**8** Other income from Schedule 1.

**9** Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, 8.

**10** Adjustments to income:

**a** From Schedule 1, line 22 . . . . .

**b** Charitable contributions if you elect to deduct on this return . . . . .

**c** Add lines 10a and 10b. These amounts are subtracted from line 9.

**11** Subtract line 10c from line 9. Enter the result.

**12** Standard deduction or itemized deductions (from Schedule A) . . . . .

**13** Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .

**14** Add lines 12 and 13 . . . . .

**15** Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .

**WISP Committee:**

I did not file taxes in 2023 because I did not reach the required level of income needed to file taxes.

Thank you,

Amy Kuuskoski

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2020)



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## Academic Plan

A detailed plan showing all classes needed to complete your educational program and the term in which you will take each class. [Template available here.](#)

### ACADEMIC PLAN

**CAREER GOAL:** BUSINESS ADMINISTRATION

**School or Institution:** CAPE FEAR COMMUNITY COLLEGE

**Degree/Certificate:** ASSOCIATE'S

Semester: Fall 2024

Classes	Credits
BUSINESS 200	3
MATH 110	3
ENGLISH 150	3

Total Credits: 9

Semester: Spring 2025

Classes	Credits
BUSINESS 220	3
MARKETING 150	3
HISTORY 120	3

Total Credits: 9

Semester: Summer 2025

Classes	Credits
PSYCHOLOGY 100	3
STATISTICS 110	3

Total Credits: 6

Semester: Fall 2025

Classes	Credits
INTERNSHIP	3
MARKETING 200	3
ACCOUNTING 110	3

Total Credits: 9

Semester: Spring 2026

Classes	Credits
INTERNSHIP	3
ETHICS 200	3
GRADUATION 5/26	

Total Credits: 6

Semester: Summer 2026

Classes	Credits

Total Credits: 0

Semester: Fall 2026

Classes	Credits

Total Credits: 0

Semester: Spring 2027

Classes	Credits

Semester: Summer 2027

Classes	Credits

#### BS SOCIAL WORK, UNIVERSITY OF NORTH CAROLINA AT WILMINGTON

FALL 2024	SPRING 2025	FALL 2025	SPRING 2026
SWK 240 - Basic Working Relationship Skills (3CR)	SWK 443 - SW Practice with Comm and Org (3CR)	SWK 442 - Generalist SW Practice (3CR)	SWK 341 - Generalist SW Practice with Ind/Families (3CR)
SWK 240 Lab - Basic Working Relationship Skills Lab (1CR)	SWK 321 - Human Behavior (3CR)	SWK 406 - Research Methods for SW Practice I (3CR)	SWK 407 - Research Methods (3CR)
SWK 320 - Human Behavior & Social Env (3CR)	SWK 335 - Social Welfare Policies (3CR)	SWK 496 - Practicum I (6CR)	SWK 497 - Practicum II (6CR)
SWK 355 - Diversity (3CR)	SWK 396 - Pre-Field Seminar (1CR)		GRAD MAY 2026





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## Professional Recommendation Form

This professional is required to certify that you qualify for DBISG as a survivor of intimate partner abuse. The form can only be completed by the following: *Advocate, Case Manager, Counselor/Therapist/Social Worker, Housing Coordinator, Attorney, Law Enforcement, Religious Leader, Medical Professional*



### Professional Recommendation

**Instructions:** Thank you for providing feedback to support the applicant. Please fill out this form and return it to the applicant. You may provide multiple responses. The applicant is responsible for uploading this document as a supporting document. Applications without this document will not respond to all questions in this document.

Name of Applicant (First and Last)

#### Information Release Agreement

By asking this Recommender to provide feedback, the named applicant agrees to share their knowledge and information about the applicant to authorize the recommender to provide feedback.

#### Confidentiality Agreement

This confidentiality agreement allows the professional, named below, to provide feedback to the applicant with authorized WISP representatives in support of the Doris Buffett Independence Scholar Grant application. Any information shared will be given discretion and respect for confidentiality.

The applicant gives permission to the individual named below to supply information pertaining to me or my family, should follow-up question(s) arise. The applicant agrees to hold their organization, and WISP of any and all liability for sharing such information until the applicant states, in writing, that it is no longer valid.

Name of Recommender (First and Last)

Title of Recommender

Agency/Organization Name

Agency/Organization Address  
(Street, City, State, Zip)

E-mail Address

Phone Number



### Doris Buffett Independence Scholar Grant: Professional Recommendation

**Question 1:** I certify that this applicant is a survivor of intimate partner abuse. Intimate partner abuse is defined as an abusive relationship within the context of a romantic partnership, such as within a marriage, domestic partnership, or dating context. (choose one)

- ☐ Yes
- ☐ No
- ☐ I do not know

**Question 2:** I certify that this applicant is no longer involved in an abusive relationship. *Definition: the parties are no longer involved in a romantic partnership and are no longer/not cohabitating.* (choose one)

- ☐ They are no longer in a relationship with their abusive partner
- ☐ They remain in a relationship with their abusive partner
- ☐ I do not know

**Question 3:** Choose the option that best fits your occupation.

- ☐ Advocate
- ☐ Case Manager
- ☐ Counselor/Therapist/Social Worker
- ☐ Housing Coordinator
- ☐ Attorney
- ☐ Law Enforcement
- ☐ Religious Leader
- ☐ Medical Professional
- ☐ Other: \_\_\_\_\_

**Question 4:** What is your impression of the applicant? What stands out to you most about them and how long have you known them?

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## Personal Recommendation Letter

One letter from someone who knows you personally or professionally. References CAN be teachers, counselors, ministers, employers, friends, etc.

Dear Scholarship Committee,

I am writing to recommend Mary for your scholarship program. I have known Mary for 8 years. We worked together in an office for most of that time. Mary has always been dependable, hardworking, and a good friend.

Mary is the person I could count on for help if I needed it. When I needed someone to watch my son because I was working late, Mary was quick to offer help. When I was sick, Mary made sure to check up on me.

Mary has overcome many obstacles. Now Mary is going back to school, and I know she will succeed!

Thank you,

Susan Smith

To: WISP, Inc.

From: Dr. Williams

To whom it may concern:

This letter is in reference to Ms. Angel's WISP scholarship application. I am a professor at Jefferson Community College and Ms. Angel was in two of my communications classes over the past year.

Ms. Angel demonstrated a keen desire to learn and excel in the classroom. She communicated regularly with me throughout the semester to clarify assignments and made great progress over the course of the year. Ms. Angel was always willing to participate in classroom discussions. She provided valuable insight and enlightened her peers with her contributions.

I look forward for the opportunity to have Ms. Angel in my classroom again in the future. I highly recommend Ms. Angel for this opportunity.

Regards,

Dr. Williams



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## How to attach your files

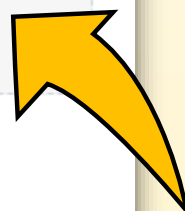
- Download or locate and save the required document(s)
- Then drag and drop your file into the correct field, OR
- Click the gray box to search your device for the correct file(s)

### FAFSA Confirmation with Student Aid Index (SAI)\*

Be sure to upload your FAFSA summary or confirmation for the correct academic year.



Click or drop files here to upload  
Maximum file size: 29MB



### Federal Income Tax\*

Copy of Federal 1040 form filed for your family this year. **We encourage you to block out/remove any Social Security Numbers from your tax return prior to submission. If you did not file taxes, attachment a statement saying so.**



Click or drop files here to upload  
Maximum file size: 29MB

## Questions? Technical difficulties? Contact us!

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