



Town of Tonawanda Youth, Parks & Recreation
Jefferson Summer Camp Scholarship Application

Application Instructions:

- Complete this application in its entirety
- Attach your program registration form for the program(s) you are requesting scholarship support for
- Attach last year's W-2 form(s), or last year's tax returns, or 4-consecutive weeks' worth of paystubs from all parent(s)/guardian(s) living at the address listed

Qualifying Household Income Limits:	<u>1 person</u> 43,500	<u>2 persons</u> 49,700	<u>3 persons</u> 55,900	<u>4 persons</u> 62,100	<u>5 persons</u> 67,100	<u>6 persons</u> 72,050	<u>7 persons</u> 77,050	<u>8 persons</u> 82,000
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For Office Use Only:

Date application & registration form received: _____
 Date application reviewed: _____ CDBG Income Eligible: Y N
 Total Program fees: _____ % Granted: _____ Amount Due: _____
 Payment Due Date (5-business days from date contacted): _____

Primary Household Contact Name _____ Secondary Household Contact Name _____

Street Address _____ Town, State, Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Primary Household Contact's Employer _____ Secondary Household Contact's Employer _____

Employer Address _____ Employer Address _____

Position Title _____ Position Title _____

Name of Participant	Age	# of Weeks of Camp Registering For	Amount Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Gross Income Worksheet

Household Monthly Wages: \$ _____
 Household Monthly Disability: \$ _____
 Household Monthly Unemployment: \$ _____
 Household Monthly Child/Spousal Support: \$ _____
 Household Monthly Social Security: \$ _____
 Household Monthly Pensions/Retirement: \$ _____
 Other State or Federal income/aid: \$ _____
 Other monthly income/support: \$ _____

TOTAL MONTHLY GROSS INCOME: \$ _____

Household Number Worksheet

Number of adults (19+): _____
 Number of children (18 and under): _____
 TOTAL number in household: _____
 Are you married/civil union? ____ No ____ Yes

Submit application to 299 Decatur Road, Attn:
 Nicole Fields, fax to 831-1006, or email to
 jefferson@tonawanda.ny.us.

Please list all types of aid that your family currently receives/qualifies for (i.e. State or Federal aid, food stamps, free/reduced lunch, etc.): _____

Please share your reason for requesting scholarship support: _____

I certify that all the information listed is true and accurate. If any information listed is determine to be false, I understand that my application will be overlooked and terminated.

Applicant's Signature _____ Date _____

Email Address: _____