



SCHOLARSHIP APPLICATION

This application MUST ACCOMPANY program registration(s) when the request for a scholarship is being made. Income verification must be presented along with the application. Proof of residence will be required for all scholarship requests. Scholarships are limited and are only available for Recreation Partnership residents. Scholarships must be renewed annually by October 15th.

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used for the sole purpose of evaluating the need for a scholarship.

PRIMARY APPLICANT INFORMATION:

Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Mailing address (if different from above) _____

List everyone who lives in your household:

First & Last Name	Date of Birth	Gender M/F

Please indicate whether you or anyone else who lives with you receives income from any of the following sources. Proof of all income is required with a copy of the required documentation. If you have no income, submit a letter from the person(s) who provides your monthly living expenses.

Income Source	Who receives it	How much	How often
Wages/Tips (paycheck statement)			
Unemployment Benefit			
Public Assistance (TANF, ADC, AFDC)			
Food Stamps (SNAP)			
Housing Subsidies (Sec. 8)			
SSI/SSDI Benefits			
Educations Grants/Loans/Stipends			
Alimony/Child Support			
Workers Compensation			
Retirement Benefits			
Veteran's Pension/Benefit			
Other (please explain)			

Acceptable Forms of Income Verification

Please include copy of one or more of the following:


- Pay check statement
- Unemployment Statement
- Eligibility for free or reduced school meals
- Latest federal income tax return
- DSS budget sheet – Aid to Dependent Children (ADC), Aid to Families with Dependent Children (AFDC), Supplemental Nutrition Assistance Program (SNAP)
- Social Security Income Letter
- Child support payment statement
- Tompkins Community Action (TCA) income letter

TOTAL INCOME \$ _____ Household Size _____

Per: week bi-weekly month bi-monthly year

I CERTIFY (promise) that all information on this application is true and complete and that all income is reported.

Parent/Guardian (please print) _____

Parent/Guardian Signature  _____ Date ____ / ____ / ____

OFFICE USE ONLY

Date Approved: _____ Date Denied: _____ Scholarship: _____% Proof of Residence: _____ Signature: _____