Town of Saugerties Summer Day Camp

Scholarship Application

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Number of adults in the home: _____

Number of Children (under 18) in the home: _____

1. List all of the children in your house:

Child's Name	Last Grade Completed	Age	Attending Camp:
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

2. Household Income

Please list each adult living in the home and any income they may receive. Please complete all income sources that apply to each person, list the amount received, check how often it is received and provide documentation for all sources of income.

Name:	Income from Employer	Child Support	Alimony (maintenance)	Disability	Unemployment	Pensions, Retirements and/or Social Security	Other	No Income
	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	
	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	
	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	
	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	
	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	
	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	$ _____ ❑ Weekly ❑ Bi-weekly ❑ Monthly	

3. Please indicate if you or anyone in your household receives any of the following services. Please attach copies of letters stating eligibility for these services.

- ❑ SNAP (Supplemental Nutrition Assistance Program)
- ❑ SSI (Supplemental Security Income)
- ❑ Medicaid
- ❑ Rupco
- ❑ HEAP (Home Energy Assistance Program)
- ❑ WIC (Women Infants and Children)
- ❑ Other: _____

4. List any household expenses after above services have been applied. Please provide supporting documentation.

Expenses	**$/month**
Rent/Mortgage	
Heat	
Electric	

5. I promise that all of the information on this application is true and that all income and expenses are reported.

Print Name: _____

Signature: _____ Date: _____