



SCHOLARSHIP APPLICATION

This application for a scholarship **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. A limited number of scholarships are available for Recreation Partnership residents only.

CONFIDENTIALITY

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

| Scholarship is requested for: | | | | OFFICE USE ONLY | |
|-------------------------------|-------|-------|---------|-----------------|----------|
| Name | Age | DOB | Program | Session | Amount |
| _____ | _____ | _____ | _____ | | \$ _____ |
| _____ | _____ | _____ | _____ | | \$ _____ |
| _____ | _____ | _____ | _____ | | \$ _____ |
| _____ | _____ | _____ | _____ | | \$ _____ |
| _____ | _____ | _____ | _____ | | \$ _____ |

Number of adults in household? _____ Number of children in household? _____

INCOME SOURCES

- Wages/Tips \$ _____
- Child Support/Alimony \$ _____
- DSS Benefits \$ _____
- Unemployment/Social Security \$ _____
- Student Grants, Stipends Loans \$ _____
- Housing Subsidies \$ _____
- Other Ongoing Support \$ _____
- TOTAL GROSS INCOME** \$ _____

Above figures are per: week month year

Acceptable Forms of Income Verification for Total Household Income
 (Please include copy of **one or more** of the following)

- Pay check stub
- Latest federal income tax form
- Eligibility for free or reduced school lunches
- Aid to Dependent children (ADC), Aid to Families with Dependent Children (AFDC)
- Child support payment stub
- Social Security Income Letter
- Unemployment stub

FOR ALL APPLICANTS

Please attach any additional comments and information. If more information is needed for this scholarship application, please indicate the best times and/or way to reach you. You will be notified of the decision as soon as possible.

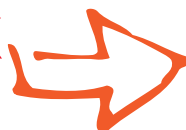
Best Times to Reach _____ Phone # _____

E-mail _____

Parent/Guardian (please print) _____

Parent/Guardian Signature _____ Date ____/____/____

MAIL OR FAX FORM TO:



Mail IYB, 1 James L. Gibbs Dr, Ithaca, NY 14850
Fax 607-273-2817
Email iyb@cityofithaca.org