



2019 Scholarship Application



355 West Main Street, Suite 150, Malone, NY 12953
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Applications will be reviewed June 14th. In the event of additional funds, all other applications will be reviewed on a "first come, first served" basis.

Scholarship Application Procedure:

1. Answer **ALL** questions completely.
2. Submit a Summer Camp Registration.
3. Campers will be notified (by email or phone) with the amount of their scholarships along with an invoice for the remaining amount due (if any). If you can not accept this scholarship please notify camp as soon as possible. If you do accept the scholarship award your balance (if any) is due on June 28th. Your account will reflect the scholarship.

Each scholarship application is reviewed by a Selection Committee and need is determined by:

Situational Need: Please make sure to fill out the back side of the form completely.

Financial Need: Household income does not exceed the following levels (see below).

Total People in Household	2	3	4	5	6	7	8
Gross Monthly Income	\$3,127	\$3,863	\$4,598	\$5,334	\$6,070	\$6,208	\$6,346
Gross Yearly Income	\$37,524	\$46,356	\$55,176	\$64,008	\$72,840	\$74,496	\$76,152

Section 1 Child's Information—Please list each child applying for a scholarship				
Name	Address	Age	Gender	Session Registered for
			M F	
			M F	
			M F	
Have any of these children received a scholarship or sponsorship in the past? Y N If Yes, who?				
Did this child attend camp with that scholarship? Y N				
Have any of these children received scholarships from JCEO? Y N				

Type of Assistance Received by Household Members (check all that apply)					
<input type="checkbox"/>	SNAP	<input type="checkbox"/>	Temporary Assistance	<input type="checkbox"/>	Child Support = Monthly Amount \$ _____
<input type="checkbox"/>	WIC	<input type="checkbox"/>	Free School Lunches	<input type="checkbox"/>	Social Security = Monthly Amount \$ _____
<input type="checkbox"/>	HEAP	<input type="checkbox"/>	Reduced School Lunches	<input type="checkbox"/>	Unemployment = Monthly Amount \$ _____
<input type="checkbox"/>	Other: Name _____	<input type="checkbox"/>	Monthly Amount \$ _____	<input type="checkbox"/>	Veterans Benefits; Monthly Amount \$ _____

Please complete the other side.

Section 3

**You must list ALL sources of income in this section.
Application will not be considered if this section is not fully completed.**

List names of ALL adults living in the household	What is the relationship to camper?	Employed	Place of Employment	TOTAL MONTHLY INCOME
		Y or N		
		Y or N		
		Y or N		

Please describe any specific financial situation that your family faces this year that would make it difficult for you to pay the camp fee for your child(ren):

Work together with your child(ren) to describe why they would like to attend Camp Akalaka. (drawings and descriptions from potential campers are always welcome!)

**Scholarship applications received will be reviewed on June 14th.
Scholarship application must include a complete registration (online or paper).
Please mail this form to: CCE Franklin ATTN: Camp Akalaka, 355 West Main Street, Suite 150, Malone, NY 12953**

Office use only:	
Date Received: _____	Amount Awarded _____
Date Reviewed _____	Session attending _____