

2024 SCHOLARSHIP APPLICATION FORM

**Must be
Received
by
May 20th**

Complete one form per family.



**Cornell Cooperative Extension
St. Lawrence County**

2043B State Highway 68
Canton NY 13668
Phone: (315) 379-9192
Email: gdc74@cornell.edu

Office Use

_____ St. Lawrence

\$ _____
Deposit Amount

Date Received

Date Notified

Full and Partial Weekly Scholarships Available!

Scholarship Application Procedure:

1. Answer **ALL** questions completely. *Return Scholarship Application to CCE office by May 20th!*
2. If selected, you will be required to pay the deposit amount listed for the requested camp program and complete an online registration for each camper at www.ultracamp.com by May 20, 2024.
3. Campers will be notified by email with the amount of the scholarship along with an invoice for any remaining amount due. If you cannot 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 30th. Coupon codes will be provided that will reflect the scholarship amount in each camper's online account.

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 should be below the following levels (see below) *

Total People in Household	2	3	4	5	6	7	8
Gross Monthly Income	\$3,569	\$4,409	\$5,249	\$6,088	\$6,928	\$7,086	\$7,243
Gross Yearly Income	\$42,828	\$52,908	\$62,988	\$73,056	\$83,136	\$85,032	\$86,916

*Levels based on HEAP Benefit Income Guidelines 2021-2022

Section 1 Child's Information—Please list each child applying for a scholarship

Name	Address	Age	Gender	4-H Member
			M F	Y N
			M F	Y N
			M F	Y N
			M F	Y N

Scholarships do not cover the \$30 deposit. What amount would you need for this child to attend camp? \$ _____

Section 2 Parent / Guardian Information—ALL adults living in the home with the child(ren)

Name	Address	Daytime Phone	Evening Phone

Please complete the other side.

Section 3

You must list ALL sources of income in this section for ALL persons 18 or older living in the home with the child applying. Application will not be considered if this section is not fully completed.

List names of ALL adults 18 or older living in the household	What is the relationship to camper?	Employed	Place of Employment	TOTAL MONTHLY GROSS INCOME
		Y or N		
		Y or N		
		Y or 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 \$ _____

Ages of ALL dependent children living in the home: _____

Section 4 Please describe any specific financial or family situation that your family faces this year that would make it difficult for you to pay the camp fee for your child(ren). (Use additional sheets as needed)

Section 5 What would you consider the single most important reason for your child to attend North Wind Farm Day Camp this year? What week(s) of Farm Day Camp does your child(ren) hope to attend? (Use additional sheets as needed)

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Applicant _____ Date Signed _____