

Office of Extended Programs: College Academy

696 US Route 9, Wilton, NY 12831

Date

CALL: 518.584.3959 | FAX: 518.584.0896 | EMAIL: chs@sunyacc.edu

SUNY Adirondack College in the High School (CHS)

Foundation Scholarship Application 2023-2024

Application Information:

- Complete all information included on this application, as incomplete applications cannot be processed.
- Student must be a US Citizen taking at least one college course in the high school.
- Qualification is based on gross income as per the 2023-24 Federal Free/Reduced Lunch Guidelines.
 - Application for Fall 2023 Semester: Deadline: October 11, 2023
 - > Application for Spring 2024 Semester Deadline: February 23, 2024

To Submit Completed Application: (choose one option)

- Upload to our secure portal at www.sunyacc.edu/college-academy-secure-portal (PREFERRED)
- Mail to SUNY Adirondack, Office of Extended Programs: College Academy, 696 US Route 9, Wilton, NY 12831
- Fax to 518-584-0896

| Household Size | Annual Income | |
|----------------|------------------|--|
| 1 | 26,973 | |
| 2 | 36,482 | |
| 3 | 45,991 | |
| 4 | 55,500 65,009 | |
| 5 | | |
| 6 | 74,518 | |
| 7 | 84,027 | |
| 8 93,536 | | |

^{*} Plus \$9,509 for each family member in excess of eight

Signature of Head of Household

| First | Middle | Last | | |
|--|-----------------------------|---|----------------|--|
| ocial Security Number or Banner ID: | Dat | of Birth (mm/dd/yy): | | |
| ermanent Address: | | | | |
| Street | City | State | Zip Code | |
| ell Phone (including area code): | Email Address: | | | |
| ousehold Size: Total Income | Before Taxes (all sources): | | | |
| My signature below confirms that the informa | | application form is correct; n to verify its accuracy. | if requested b | |
| SUNY Adirondack, I will pi | | | | |