



640 Bay Road, Queensbury, NY 12804
 Phone: 518.743.2238 * Fax: 518.743.2318 * Email: conted@sunyacc.edu
 Web: www.sunyacc.edu/continuing-ed

YOUTH SCHOLARSHIP REQUEST FORM

Student Legal Name _____ Banner ID # or SS# _____

Mailing Address _____

Telephone (Home) _____ (Cell) _____

Parent/Guardian Name _____

Scholarship Amount Requested _____

Scholarships are based on financial need and are first come, first served.

DETERMINATION OF INCOME ELIGIBILITY GUIDELINES:

Use the chart below to determine if you are eligible for a scholarship and circle appropriate household size. Please submit a copy of your 2017 Income Tax Return or a paystub along with this form.

HOUSEHOLD SIZE	INCOME		
	Year	Month	Week
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,332
8	76,442	6,371	1,471
For each additional family member add	+7,733	+645	+149

* If your household income exceeds the amount listed for your household size, please send in your request anyway. If we have additional funds to award, we may extend the eligibility requirements.

ADDITIONAL INFORMATION THAT YOU FEEL SHOULD BE CONSIDERED IN DETERMINING NEED:

REFERRED BY:

Name: _____ Phone: _____

Agency: _____ Date: _____

Parent/Guardian Signature _____

Date _____

RETURN TO: SUNY Adirondack Continuing Education
 640 Bay Road
 Queensbury, NY 12804

Phone 518.743.2238

Fax 518.743.2318

For Office Use Only:		
Date Received _____	Request Approved _____	Amount Awarded _____
Request Denied _____	Reason: _____	