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

SUMMER ENRICHMENT 2021 SCHOLARSHIP REQUEST FORM

Student's Legal Name: _____ Grade Level: _____ Banner ID # _____

Mailing Address: _____ DOB: _____

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 2020 Income Tax Return, a paystub, or other proof of income along with this form.

HOUSEHOLD SIZE	INCOME (USD)		
	Year	Month	Week
1	$23,828	$1,986	$459
2	$32,227	$2,686	$620
3	$40,626	$3,386	$782
4	$49,025	$4,086	$943
5	$57,424	$4,786	$1,105
6	$65,823	$5,486	$1,266
7	$74,222	$6,186	$1,428
8	$82,621	$6,886	$1,589
For each additional family member add	+ $8,399	+ $700	+ $162

* 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 INFROMATION THAT YOU FEEL SHOULD BE CONSIDERED IN DETERMINING NEED:

_____

_____

(IF APPLICABLE) 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: _____