

HUDSON VALLEY COMMUNITY COLLEGE
CHILDREN'S SUMMER PROGRAMS
SCHOLARSHIP REQUEST FORM

Child's Name _____ Child's SS# _____

Child's Age ____ D.O.B. _____ Grade ____ School _____

Child's Address _____

Parent/Guardian _____

Telephone (Day) _____ (Evening) _____

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 2021 Income Tax Return or a paystub along with this form.

HOUSEHOLD SIZE	INCOME		
	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	65,283	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

What is your household size? _____

* If your 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.

REFERRED BY:

Name: _____ Phone: _____

Agency: _____ Date: _____

Additional information that you feel should be considered in determining need:

PLEASE RETURN TO:

Hudson Valley Community College
Office of Community Education
80 Vandenberg Avenue
Troy, NY 12180
Phone (518) 629-7339 Fax (518) 629-8103