

**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 2020 Income Tax Return or a paystub along with this form.**

HOUSEHOLD SIZE	INCOME		
	Year	Month	Week
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each additional family member add	+8,288	+691	+160

**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:**

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**PLEASE RETURN TO:**

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