



Saratoga Springs Recreation Department

15 Vanderbilt Avenue, Saratoga Springs, New York 12866

518-587-3550 x2300 Fax 518-584-1748

www.saratogarec.com

Scholarship Application

The Recreation Department strives to ensure that no one is denied access to programs for the inability to pay. Through the generous support of our community and the City Council, our commitment is as strong as ever. The number of scholarships awarded each year is based upon the pool of resources that is contributed by individuals, families, organizations and businesses within our community, grants that are awarded by governmental and nonprofit agencies, and the City. All assistance is available based upon demonstrated need without regard to race, color, national origin, age, disability, sex, gender, religion, or reprisal.

Scholarship determinations are awarded based upon household size and income as shown in the tables below. Extenuating circumstances may be considered. All scholarships are awarded on a first come first served basis, and City residents are given first priority.

How to apply for a program scholarship:

1. Complete Scholarship request form **EACH TIME** you are requesting one. Multiple family members and programs may be listed on the same form.
2. Provide income verification with one or more of the following:
 - a. Federal or State Income Tax Returns (If you don't file taxes, a note in writing must be included and other income proof must be provided-any other income received by you or those in your household).
 - b. Proof of residency i.e. property tax bill or renter's agreement-if relevant
 - c. Child support papers-if relevant
 - d. Social Services required paper work if relevant i.e. welfare recipients, food stamp recipients
 - e. Affordable Housing Letter- with your family income clearly stated.

The above requested proofs are not optional, proof of income is required if you wish to receive a scholarship.

Number of People in Household	Full (80%) Scholarships			Half (50%) Scholarship			One Quarter (25%) Scholarship		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	\$ 22,459	\$ 1,872	\$ 432	\$ 30,250	\$ 2,521	\$ 582	\$ 48,400	\$ 4,033	\$ 931
2	\$ 26,809	\$ 2,234	\$ 516	\$ 34,600	\$ 2,883	\$ 665	\$ 55,300	\$ 4,608	\$ 1,063
3	\$ 31,109	\$ 2,592	\$ 598	\$ 38,900	\$ 3,242	\$ 748	\$ 62,200	\$ 5,183	\$ 1,196
4	\$ 35,409	\$ 2,951	\$ 681	\$ 43,200	\$ 3,600	\$ 831	\$ 69,100	\$ 5,758	\$ 1,329
5	\$ 38,909	\$ 3,242	\$ 748	\$ 46,700	\$ 3,892	\$ 898	\$ 74,650	\$ 6,221	\$ 1,436
6	\$ 42,359	\$ 3,530	\$ 815	\$ 50,150	\$ 4,179	\$ 964	\$ 80,200	\$ 6,683	\$ 1,542
7	\$ 45,809	\$ 3,817	\$ 881	\$ 53,600	\$ 4,467	\$ 1,031	\$ 85,700	\$ 7,142	\$ 1,648
8 or more	\$ 49,259	\$ 4,105	\$ 947	\$ 57,050	\$ 4,754	\$ 1,097	\$ 91,250	\$ 7,604	\$ 1,755

* The School Lunch program and HUD income requirements are used to determine the City's requirements -Revised Dec 2018

Frequently asked questions

Do I have to complete an application for each child? No. Complete the scholarship application for all participants in the household. We cannot approve an application that is not complete, so be sure to fill out all required information. Attach all proof of income.

My scholarship application was approved for a previous program. Do I need to fill out another one? Yes. Your child's application is good only for the programs that you requested a scholarship for. If you would like to request additional scholarships for other programs not listed on the approved application, then another application will need to be submitted.

When will I know if I received a scholarship? Within 14 days you will received notification in the mail if approved or denied. If you are denied, you may reapply if any changes to your application occur, such as loss of employment, medical situation, or decreased household income.

Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, significant others or friends). Their incomes must be included in the household income. You must include yourself, spouse, and all children.

Confidentiality: The disclosure of eligibility information not specifically authorized by the City of Saratoga Springs requires a written consent statement from the parent/guardian. We will let you know when your application is approved or denied. You will receive the notification in writing.

For more information, contact recreservations@saratoga-springs.org or 518-587-3550 ext 2300.

revised 6/16/2020

PRINT CLEARLY

City of Saratoga Springs Recreation Department Scholarship Request Form

revised 6/16/2020

- Date Submitted:** _____
- Attach your Proof of Income to this form and write it here:** _____
(Applications will be returned if proof is not attached.)
- Application for Scholarship is for:** Please print all the names of participants and the name of the program(s) being requested.

Participant's First & Last Name	Program (s)	Office Only		
		80 %	50%	25%

- Household Information:** List all people living in your household not listed in Step 3 including yourself and individuals related or not (such as grandparents, friends, significant others). For each member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, check 'no income'. Proof of income must be furnished with application. The application cannot be processed without proof of income. Examples of proof include: Your letter from Social Services with your benefits clearly stated, your Food Stamp letter, your SSI Letter of benefits, your filed state/federal income tax forms-amounts printed, your Housing Authority letter with proof of income written on it

Total # people living in the household including you (children and adults):

First & Last Name	Relationship to Participant	Salary, Wages, and Tips	Child Support, Foster Care income, Alimony	Public / State Assistance	Unemployment Benefits, Workers Compensation	Other Income, social security, retirement, pension...	No Income
		\$	\$	\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	\$	\$	<input type="checkbox"/>
		\$	\$	\$	\$	\$	<input type="checkbox"/>

If household receives Food Stamps (SNAP), Aid to Dependent Children (ADC)/Temporary Assistance for Needy Families(TANF)
SNAP # _____ ADC/TANF#: _____

Is this a foster child? _____ YES _____ NO Provide proof of legal Guardianship.

Should we know anything about your circumstances when considering your request? I.E.: loss of job or medical bills _____

Signature of Applicant: _____ **Print Name:** _____ **Date:** _____

Address _____ City _____ State _____ Zip _____

Email _____ Home # _____ Work # _____ Cell # _____

Office Use Only			
Proof of Income Provided (include line # if tax form):		Date Received:	Total Household Income:
Rec Staff Signature:	Date:	Director's Signature:	Date: