

Town of Lake George Youth Commission Program(s)
Reduced Fee/Scholarship Application

PLEASE NOTE: *Applying for a Reduced Fee/Scholarship does not guarantee that you will receive a full or partial scholarship. Receiving a scholarship for a Youth Commission Program and/or the Summer Day Camp Program in previous years does not guarantee that you will continue to receive a scholarship again, or that, if a scholarship is awarded, it will be the same percentage or amount. Funding varies per year and per program. Every effort will be made to provide funding so that children from families in financial distress can attend the Youth Commission Programs.*

In order to be considered for a reduced fee/part or full financial scholarship, please answer the following questions. Your answers will be used by Youth Commission staff for determining scholarship eligibility only, and will otherwise remain confidential. **If you have any questions regarding this form, please contact Wendy Baird, Comptroller at 518 668 5722 x4.**

- 1. Please write the names of everyone in your household, whether or not they receive income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.**

A. Household Members (please list all names, use additional paper if necessary)	B. Household Income Wages (before deductions) Alimony & child support Pension/retirement payments Social security and other income.	C. How often do they receive amount in "B"? (please circle)
	\$	Wkly/biweekly/monthly/yrly
	\$	Wkly/biweekly/monthly/yrly
	\$	Wkly/biweekly/monthly/yrly
	\$	Wkly/biweekly/monthly/yrly
	\$	Wkly/biweekly/monthly/yrly
	\$	Wkly/biweekly/monthly/yrly
	\$	Wkly/biweekly/monthly/yrly
TOTALS		

- 2. Please indicate child(ren) applying for reduced fee/scholarship and program.**

Child(s) Name	Program

3. **Has any member of your household volunteered for Youth Commission? Please indicate Year, Program and person who volunteered.**

4. **Does anyone in your household plan to volunteer for the program(s) for which you are applying for a scholarship?**

5. **Please indicate any additional information that you feel is important when considering your application (use additional paper if necessary)**

Name of individual applying on behalf of child(ren)_____

Phone number for individual applying on behalf of child(ren)_____

Address for individual applying on behalf of child(ren)_____

I hereby certify (promise) that all of the information on this application is true and that all income is reported.

Signature: _____ **Date:** _____

Deliver or Mail completed form to: **Town of Lake George**
ATTN: Wendy Baird, Comptroller
20 Old Post Road
Lake George, NY 12845

*******FOR OFFICE USE ONLY** rev. 8.6.2014*****

Date received _____ By _____

Date Reviewed _____ By _____

Date Reviewed _____ By _____

Date Reviewed _____ By _____

Determination _____ Amount _____