

IYB SCHOLARSHIP APPLICATION

To apply for a scholarship, please complete this application and provide proof of income using one or more of the forms of verification listed below.

If you have just created a family account in Community Pass, or you have changed your address, we will also need proof of residence as well. A limited number of scholarships are available for Recreation Partnership residents only (Tompkins County/except Town of Lansing, non-member of the Rec Partnership).

Confidentiality: The information you provide will be treated confidentially and will be used for the sole purpose of evaluating your qualification for a scholarship.

PRIMARY APPLICANT INFORMATION: Name _____

Phone _____ Email _____ DOB: _____

Residence Address _____ City _____ State _____ Zip _____

Total Household Size _____ Adults: _____ Children: _____

List everyone who lives in your household, including yourself: First & Last Name	Date of Birth:	Name of School / Home School:	Grade:

Please use one or more of the income sources listed below for proof of income. Please include required documentation in () below. If you have no income, submit a letter from the person(s) who provides your monthly living expenses.

Income Source	Received	Date Received
Wages (paycheck statement)		
Unemployment Benefits (statement):		
Supplemental Nutrition Assistance Program (SNAP) (benefit letter):		
Housing Subsidies (Sec. 8) (letter)		
SSI/SSDI Benefits (benefit statement)		
Education Grants/Loans/Stipends (letter)		
Public Assistance (TANF, ADC, AFDC) (letter)		
Federal Tax (1 st page of most recent federal tax return)		
Retirement Benefits (statement)		
Veteran's Pension/Benefit (statement)		
Other (please explain)		

TOTAL HOUSEHOLD INCOME \$ _____ Per: ___ weekly ___ bi-weekly ___ monthly ___ bi-monthly ___ annually

I CERTIFY (promise) that all information on this application is true and complete, and that all income is reported.

Parent/Guardian (please print) _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Date Approved: _____ Date Denied: _____ Scholarship: _____ % Proof of Residence: _____
 Staff Initials: _____ Family ID: _____