



# Town of Tonawanda Youth, Parks & Recreation

## Jefferson Kids Club Scholarship Application

### Application Instructions:

- Complete this application in its entirety
- Attach your program registration form for the program(s) you are requesting scholarship support for
- Attach last year's W-2 form(s), or last year's tax returns, or 4-consecutive weeks' worth of paystubs from all parent(s)/guardian(s) living at the address listed

**For Office Use Only:**

Date application & registration form received: \_\_\_\_\_  
 Date application reviewed: \_\_\_\_\_ CDBG Income Eligible: Y N  
 Total Program fees: \_\_\_\_\_ % Granted: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Payment Due Date (5-business days from date contacted): \_\_\_\_\_

<b>Qualifying Household Income Limits:</b>	<u>1 person</u> 44,200	<u>2 persons</u> 50,500	<u>3 persons</u> 56,800	<u>4 persons</u> 63,100	<u>5 persons</u> 68,150	<u>6 persons</u> 73,200	<u>7 persons</u> 78,250	<u>8 persons</u> 83,300
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Submit application to 299 Decatur Road,  
 Attn: Nicole Ruberto, fax to 831-1006, or  
 email to jefferson@tonawanda.ny.us.

Primary Household Contact Name \_\_\_\_\_ Secondary Household Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Household Contact's Employer \_\_\_\_\_ Secondary Household Contact's Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Position Title \_\_\_\_\_

Name of Participant	Age	Months Registering For	# Days/Week	Amt Requested
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all types of aid that your family currently receives/qualifies for (i.e. State or Federal aid, food stamps, free/reduced lunch, etc.): \_\_\_\_\_

Please share your reason for requesting scholarship support: \_\_\_\_\_

I certify that all the information listed is true and accurate. If any information listed is determine to be false, I understand that my application will be overlooked and terminated.

**Monthly Gross Income Worksheet**

Household Monthly Wages: \$ \_\_\_\_\_  
 Household Monthly Disability: \$ \_\_\_\_\_  
 Household Monthly Unemployment: \$ \_\_\_\_\_  
 Household Monthly Child/Spousal Support: \$ \_\_\_\_\_  
 Household Monthly Social Security: \$ \_\_\_\_\_  
 Household Monthly Pensions/Retirement: \$ \_\_\_\_\_  
 Other State or Federal income/aid: \$ \_\_\_\_\_  
 Other monthly income/support: \$ \_\_\_\_\_

TOTAL MONTHLY GROSS INCOME: \$ \_\_\_\_\_

**Household Number Worksheet**

Number of adults (19+): \_\_\_\_\_  
 Number of children (18 and under): \_\_\_\_\_  
 TOTAL number in household: \_\_\_\_\_

Are you married/civil union? \_\_\_\_ No \_\_\_\_ Yes

**Demographic Information – For reporting purposes only**

Is the child of Hispanic, Latino, or Spanish origin?  
 Yes  No

How would you describe the child?  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White or Caucasian

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_