

# Day Camp Friendship - Youth Scholarship Fund Application 2025

## Information & Instructions

Scholarship funding has been made available by the Hamburg Recreation Foundation to help families in need pay for day camp. Limited to Hamburg residents only (proof required); YRSS accounts must be in good standing in order to be considered for a scholarship. Residents are considered those that live within (and pay taxes to) the Town of Hamburg, Village of Hamburg, Village of Blasdell, and Lakeview. Limited funding available; applications will be reviewed on a rolling basis. Please allow two weeks for review; upon review, you will be notified if we are able to provide you with financial assistance and the level of funding we are able to provide. Full scholarships are not available; maximum amount awarded per week would be 25% of program fee. Applications will not be accepted after June 23, 2025. While funds last.

Please note: Submitting a scholarship application does not hold a spot for your child; they must be registered through the Recreation Office.

Please ensure that all information is completed and all required documentation is attached. Return completed form to:

Town of Hamburg Youth, Recreation & Senior Services

4540 Southwestern Blvd

Hamburg, NY 14075

Fax: 646-5164

Email: [recreation@townofhamburgny.gov](mailto:recreation@townofhamburgny.gov)

<b>Qualifying Household Income Limits</b>	
Household Family Size	Maximum Gross Monthly Income
2	\$4,345
3	\$5,367
4	\$6,390
5	\$7,412
6	\$8,434
7	\$8,626
8	\$8,818

*Based on HEAP 2024-25 Guidelines*

<b>Camp Registration Dates</b>		
Returning residents (those who participated in summer 2024)		Tuesday, April 1 at 8:00am
New residents (those who did not participate in day camp in 2024)		Tuesday, April 8 at 8:00am
<b>Camp Fees Per Week</b>		
First Child	Regular Day (9am-4pm)	Extended care (8am-5:30pm)
Each additional child in family (same household)	\$195 resident	\$225 resident
	\$175 resident	\$200 resident

Below is a listing of the documents required to support income information and residency status on the application. Both proof of income information AND residency are REQUIRED, to process the application.

### **Required and Supporting Documentation Accepted For Scholarship Consideration:**

*Do Not Send Originals or Bank Statements!*

- **Salary/Wages:** Attach copies of the two (2) most recent paycheck stubs from EACH employer for both the applicant and spouse. If you are paid weekly attach copies of the four (4) most recent paystubs. Stub must show gross wages and may not be dated more than 30 days from application date.
- **Child Support/Alimony:** Attach copies of legal guardianship and/or foster care documents. Include proof of marriage or divorce decree, if no longer married, showing alimony and child support.
- **Government/Food Stamps/Cash Assistance:** Attach copies of all that apply: current Social Security Award benefit letter, SSI Disability letter, retirement, unemployment or other government subsidy.

If you have any questions in regards to the Scholarship Application or the documentation required, please feel free to call the Recreation Office at 646-5145.

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Please be sure to review all instructions and guidelines prior to submitting an application. Be sure to attach all necessary documentation; incomplete applications will not be considered.

**For Office Use Only:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Registration Complete? Yes No

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Total program fees: \_\_\_\_\_ % Granted: \_\_\_\_\_ Total to be paid by family: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_ Notified By: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Secondary Parent/Guardian Name (if applicable) \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

Camper Name(s)	Date of Birth:	Sessions Requested: (circle all that apply)	Extended Care: (circle all that apply)
_____	_____	1 2 3 4 5 6	AM PM Neither
_____	_____	1 2 3 4 5 6	AM PM Neither
_____	_____	1 2 3 4 5 6	AM PM Neither
_____	_____	1 2 3 4 5 6	AM PM Neither

Amount of financial support you are seeking: \_\_\_\_\_

Please list all other dependents who reside in your home (legal dependents 19 years and under, or 24 years and under if a full-time student):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all types of aid that your family currently receives.

SNAP \_\_\_\_\_ WIC \_\_\_\_\_ HEAP \_\_\_\_\_ TANF \_\_\_\_\_ SSI \_\_\_\_\_

General Assistance (GA) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Monthly Gross Income Worksheet**

1<sup>st</sup> monthly gross average income: \$ \_\_\_\_\_  
2<sup>nd</sup> monthly gross average income: \$ \_\_\_\_\_  
Monthly Disability: \$ \_\_\_\_\_  
Monthly Unemployment: \$ \_\_\_\_\_  
Monthly Child/Spousal Support: \$ \_\_\_\_\_  
Monthly Social Security: \$ \_\_\_\_\_  
Monthly Pensions/Retirement: \$ \_\_\_\_\_  
Other State or Federal Income/Aid: \$ \_\_\_\_\_  
Other monthly income/support: \$ \_\_\_\_\_

**Household Number Worksheet**

Number of adults (19+): \_\_\_\_\_

Number of children (18 and under): \_\_\_\_\_

TOTAL number in household: \_\_\_\_\_

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

By signing this application, I certify that all information provided is accurate and complete to the best of my knowledge.

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Applicant's Signature

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Printed Name

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Date