

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

Qualifying Household Income Limits	
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

Camp Registration Dates	
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

Camp Fees Per Week	Regular Day (9am-4pm)	Extended care (8am-5:30pm)
First Child	\$195 resident	\$225 resident
Each additional child in family (same household)	\$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

1st monthly gross average income: \$ _____

2nd 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.

Applicant's Signature

Printed Name

Date