

APPLICATION FOR
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM
 — 2016 Program Year Funding—

ACTIVITY NAME: Camp Saradac Scholarship

APPLICANT: City of Saratoga Springs Recreation Department

MAILING ADDRESS: 15 Vanderbilt Avenue
Saratoga Springs, NY Zip: 12866

PHONE: 518-587-3550 x2300 FAX: 518-584-1748 EMAIL: john.hirliman@saratoga-springs.org

CONTACT PERSON: John Hirliman TITLE: Administrative Director of Recreation

APPLICANT (select 1): City Department Private non-profit organization Other Public Agency

<u>Recreation</u>	<u>14-6002423</u>	
(List Dept.)	(List Federal ID #)	(Specify)
(DUNS #)		

NATIONAL OBJECTIVE (select 1):

<u>"Benefit persons of Low/moderate income"</u>	<u>"Address slum/blight Conditions"</u>	<u>"Urgent CD Need"</u>
<input type="checkbox"/> L/M Income Area Benefit	<input type="checkbox"/> "N/A" Slum/blighted Area	<input type="checkbox"/> "N/A" Urgent Need
<input checked="" type="checkbox"/> L/M Income Limited Clientele Activities	<input type="checkbox"/> Slum/blighted Spot Basis	
<input type="checkbox"/> L/M Income Housing Activities	<input type="checkbox"/> "N/A" Urban Renewal Completion	
<input type="checkbox"/> L/M Income Job Creation/Retention		

REQUESTED ENTITLEMENT FUNDING:	\$ <u>3,180.00</u>
Funding Leveraged from Other Sources:	\$ <u>45,000.00</u>
Total Activity Cost:	\$ <u>127,007.00</u>

Proposal Abstract - please provide a *brief* overview of your proposal including the number of persons that will be served with this grant in the space below:

The Recreation Department is requesting \$3,180 to provide 4 scholarships for children to attend 8 weeks of Camp Saradac. Camp Saradac, which is located at the Recreation Center on Vanderbilt Avenue, is a NYSDOH licensed summer Day Camp for children ages 5-15 serving nearly 130 children. Camp Saradac starts on June 27, 2016 and ends on August 19, 2016. We operate Monday through Friday from 7:30am-6:00pm. Camp Saradac offers exciting field trips weekly, creative recreational and educational programs, arts and crafts, and a weekly trip to the Peerless Pool. Camp activities are designed to promote fun, fitness and learning experiences for children to grow and reach their full potential. On average, nearly 62% of our campers receive a full scholarship to attend camp. With your support, we will be able to offer the Camp experience to the most at risk children in our communities. The families of these children cannot afford to send their children to camp, often leaving them on their own for the summer without a safe place to go. The cost for this year to attend 8 weeks of Camp Saradac is \$795.00 for a city resident and \$1,085.00 for non city residents. The raise in our rates is due to extending camp from 7 weeks to 8 weeks to accommodate working parents.

John Hirliman
 (Authorized Signature)

Administrative Director
 (Title)

 (Authorized Signature)

 (Title)

1. Activity Description

A) Identify whether the activity is new, ongoing, or expanded from previous years.

Camp Saradac is a yearly program offered each summer by the Recreation Department. Our enrollment in the summer program continues to grow, as well as the camper's need for financial assistance. Camp Saradac originated with the Saratoga Springs School District over 60 years ago and was given to the City of Saratoga Springs in 1976. In 1992, the Recreation Department took over managing the day to day operations of Camp Saradac. This year, we have expanded our camp to 8 weeks from 7 weeks, due to the needs of working parents, increasing our costs by \$15,000.00

B) Describe the community need that your activity is intended to address and how your activity will address that need. Provide evidence that this need is currently not being addressed through existing programs or activities.

A day camp, such as Camp Saradac, plays a vital role in a child's life and in our community. According to the American Camp Association, ninety-six percent of campers say that "camp helped me make new friends," and ninety-two percent say, "Camp helped me feel good about myself." Seventy percent of camp parents say, "My child gained self-confidence at camp" (ACA, 2005). ACA has very clearly defined the role and benefits of the summer camp experience through a variety of meticulous research.

All recreation departments, including the Saratoga Springs Recreation Department, believe every child should experience camp. However, when families think about camp, they mostly think of the traditional resident camp and this immediately becomes an issue. The separation and independence required of a camper for even a one- or two-week resident program may be too high of a hurdle for the child or the parents. Many of the parents believe their child is too shy or not ready for resident camp. Also for most families, a resident camp is simply too expensive. For these families in our community, Camp Saradac is a great alternative. Our campers, with the help of the wonderful counselors we have, build independence and autonomy away from their parents while still returning to the comforts of home each evening. It gives children a chance to turn their minds off and just be children. It also exposes them to new friendships, experiences and opportunities at an affordable cost.

With the benefits described above, Camp Saradac's enrollment continues to grow, but so does the request for financial assistance. In the past, on average, nearly 62% of our campers receive a full scholarship to attend camp for 7 weeks and each year when funding has been exhausted, there were from 5 to 15 additional children on the scholarship waitlist. This year camp has expanded to 8 weeks, increasing our costs. With the requested entitlement funding, the department will be able to offer the Camp Saradac experience to some of these children on the waitlist.

C) Identify who will benefit from the proposed activity. If the activity is designed to benefit:

C-1) individual persons of low-to-moderate-income describe the process you will use to identify these persons and determine their income eligibility and the number of persons you expect to serve.

Camp Saradac has an average enrollment of a 120-140 children each year and on average nearly 62% of them qualify for a full scholarship. Families are required to complete a scholarship application and submit verification of the family/household income. Enclosed, under Attachment 4, please find the Scholarship Application. The Recreation Department accepts the following forms to verify an applicant's income:

The information below is the current information that we use. This is being revised within the next several months.

1. Verification of Family—Household Income
 - a. Federal or State Income Tax Returns
 - b. Proof of residency i.e. property tax bill or renter's agreement-if relevant
 - c. Child support papers-if relevant
 - d. Social Services required paper work if relevant i.e. welfare recipients, food stamp recipients

The scholarships are awarded on a first come/first serve basis; city residents are given first priority. The department accepts scholarship applicants for City and Non City residents but, if required by CDBG, the requested entitlement funds could be award toward City Resident applicants only.

Below is a table representing the income guidelines the Recreation Department follows when awarding scholarships.

Number of People in Household	FULL (100%) Scholarship		
	Annual	Monthly	Weekly
2	\$20,813.00	\$1,734.41	\$433.60
3	\$26,178.00	\$2,181.50	\$545.37
4	\$31,543.00	\$2,628.58	\$657.14
5	\$36,908.00	\$3,075.66	\$768.91
6	\$42,273.00	\$3,522.75	\$880.68
7	\$47,638.00	\$3,969.83	\$992.45
8	\$53,003.00	\$4,416.91	\$1,104.22

Number of People in Household	Partial (50%) Scholarship		
	Annual	Monthly	Weekly
2	\$26,313.00	\$2,192.75	\$548.18
3	\$31,678.00	\$2,639.83	\$659.95
4	\$37,043.00	\$3,086.91	\$771.72
5	\$42,408.00	\$3,534.00	\$883.50
6	\$47,773.00	\$3,981.08	\$995.27
7	\$53,138.00	\$4,428.16	\$1,107.04
8	\$58,503.00	\$4,875.25	\$1,218.81

Another advantage of Camp Saradac is its location. Camp Saradac is located at the Saratoga Springs Recreation Center which is on the South Side of the City. The Recreation Center was chosen to host Camp Saradac because its location more effectively serves our inner city children who lack transportation. Its central location also provides a safe environment for camp activities. According to the 2000 census map, the site of the Recreation Center, block 611.005 representing the areas of Worth

Street to Fenlon Street has the highest percentage of low to moderate income families in the City of Saratoga Springs because the area contains primarily public housing, including Vanderbilt Terrace and Jefferson Terrace. According to the Saratoga Springs Housing Authority in 2015, Vanderbilt Terrace has 57 families with 74 children. Their average income is \$12,233 with 8 families reporting zero income. The Jefferson Terrace has 74 families with 62 children. Their average income is \$11,018 with 10 families reporting zero income.

D) Identify your performance goals and the types of indicators you will use to document activity accomplishments and success. (Examples should include: # of persons with new/improved access to services, # of affordable houses rehabilitated, etc.)

Our goal is to not turn away any child for the inability to pay. Also, to reduce and/or eliminate our yearly camp scholarship waitlist by providing additional scholarships for those campers who qualify. The Recreation Department keeps a detailed spreadsheet tracking the number of scholarship requests, the number of awarded requests, the amount awarded, and the funding source utilized to award the scholarship, such as the Hawley Foundation, CDBG or private donations.

E) Provide an activity timeframe/schedule (include start, completion dates and other significant performance stages).

Camp Saradac's registration period for city residents begins February 29, 2016 and for non city residents March 21, 2016. The registration period ends May 20, 2016 for everyone. The Camp program dates are June 27-August 19. The regular camp hours are 9:00am-4:30pm and before care is 7:30am-9:00am and after care is 4:30-6:00pm. There are no scholarships awarded for the cost of before and after care. See Attachment 5, for Camp Saradac information.

F) Identify whether the activity requires additional local, state or federal approval (license, permit, design/historic/environmental review, etc.) For construction/site development projects, provide evidence of site control.

Camp Saradac is licensed by the New York State Department of Health. The NYSDOH performs regular inspections, approves the camp safety plan, and issues the annual permit. They also act as a resource for the department for issues or concerns regarding Camp. Camp Saradac also has a number of internal approvals it must obtain prior to the opening of Camp. The Civil Service Commission conducts background checks on each employee, the Mayor's department approves and signs the permit application, the Safety Committee approves the Safety Plan, and the Recreation Commission approves all programming, budgeting, and field trips prior to the City Council's final approval of the operation of Camp Saradac.

2. ORGANIZATIONAL CAPACITY

A) Provide an overview of your organization including length of time in existence. List current officers and board members and identify any prior funding by the City of Saratoga Springs (year, activity, and amount).

The City of Saratoga Springs, in 1977, created the Recreation Commission to aid and assist in the monitoring of the Recreation Department and the development of programming for the youth of our area. The Recreation Commission is comprised of seven members who each serve a seven year term and are appointed by the Mayor of the City of Saratoga Springs to assist in the oversight of the Recreation Department. Camp Saradac originated with the Saratoga Springs School District over 60 years ago and was given to the City of Saratoga Springs in 1976 to operate. In 1992, the Recreation Department took over managing the day to day operations of Camp Saradac.

The current Recreation Commission Members, as of January 1, 2016, include:
Chair Derrick Legall, Co-Chair Colleen Carlson, Alphonse Lambert, Amy Smith, Cheryl Smith, Dora Lee Stanley, and Robert Manasier,

The last funding by a Block Grant was in 2015 for Camp Saradac at the Recreation Center. The total amount funded was \$2,500.00, covering 3.5 children.

B) Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

The City's Recreation Department has successfully run many programs and recreational activities since 1977. In 2015, the department had over 2,600 participants register for programs and over 30,000 participants in other non registering programs such as public skating, open gym, and Pickleball. The Recreation Department has also successfully operated Camp Saradac since 1992.

C) Identify the person(s) responsible for program and financial management of the activity. Identify all other persons involved in this activity noting whether these positions are current or new, pending this award. For construction/site development projects, identify the development team including proposed contractors, subcontractors, and project manager.

All programming and financial management are the responsibility of the Administrative Director of Recreation John Hirliman and the Recreation Commission. The department's Recreation Office Manager Kathy Lanfear, Senior Account Clerks Debbie Prior and Doug June and Program Coordinators Jill Ramos and Wesley Clark are permanent recreation staff who each play a role in the management of Camp Saradac. Also, the Department hires between 20 and 30 camp counselors to work with the children in the camp each day. Debbie Prior is primarily responsible for the scholarship program and will be in charge of the intake and tracking of each request. Debbie will be the primary contact person for the Community Development Block Grant and will be ensuring the Recreation Department fully complies with the rules and reporting necessary to implement the grant under the supervision of John Hirliman.

D) Identify any other agencies/partners involved in this activity and define their roles and responsibilities.

The Recreation Department involves the following agencies and Saratoga Spring City Departments:

- NYS Department of Health: Licensor for Saradac and conducts inspections, approves the safety plan and acts as a resource for the department regarding concerns or question with camp operations
- Civil Service Commission Office: Provides background checks on employees
- City Safety Committee: Reviews and approves the Camp Safety Plan
- Fire Department: Provides CPR/First Aid/AED certification training
- Recreation Commission: Approves the program and policies prior to city council review.
- City Council- Approves the overall operation of Camp Saradac and as such, all the programming and policies associated with camp.

3. ACTIVITY BUDGET (ATTACHMENTS 1, 2)

A) Include attached budgets (Attachments 1, 2) as appropriate. Depending on the activity, the applicant may need to submit one or both of the attached budget forms. More detailed budgets may be attached (and are recommended) in support of the proposal. If an architect, engineer, or other personnel have conducted a cost analysis, attach a copy noting the author and date of analysis.

- **PROGRAM OPERATING BUDGET (Attachment 1) – for all proposals including public service projects and construction/site**
- **CONSTRUCTION/SITE DEVELOPMENT BUDGET (Attachment 2) – for construction/site development projects.**

See Attachment 1; Attachment 2 not applicable

B) Identify the amount and sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.). Attach copies of funding commitment letters or other evidence of funding support.

The City budgets \$105,000 in revenue and \$127,007 in expenses for Camp Saradac. The revenue generated comes from participant fees, grants and donations such as CDBG, secured annually by the recreation department. The registration fee to attend Camp Saradac this year is \$795.00 for a city resident and \$1,050.00 for a non city resident. The grant total secured by the department is about \$45,000.00 per year. 100% of the funds are applied toward a camper's registration fee if the camper qualifies.

4. MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS –
(ATTACHMENT 3)

- A) In accordance with OMB Circular A-133, please complete Attachment 3 and include it with your application.**

Attached

- B) During your last fiscal year, if your organization expended more than \$500,000 in total federal financial awards (including CDBG and all other federal assistance), please include a copy of your latest Single Audit Report with this application.**

N/A

(ATTACHMENT 1)

PROGRAM OPERATING BUDGET

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

	ENTITLEMENT GRANT	Leveraged Funds*	Total Activity Cost	*Source of leveraged Funds and In-Kind Services
REVENUE				
Camper		\$ 56,820.00	\$ 56,820.00	Program registration fees
Scholarships	\$3,180	\$ 45,000.00	\$ 48,180.00	Hawley Foundation, Children's Committee, and private/other donations
TOTAL REVENUE	\$3,180	\$101,820.00	\$ 105,000.00	

PERSONNEL				
Salaries		\$ 93,787.00	\$ 93,787.00	City Budget
Fringe				
Other (consultants, etc.)				
<i>Subtotal</i>		\$ 93,787.00	\$ 93,787.00	

OVERHEAD				
Advertising/Marketing		\$ 1,600.00	\$ 1,600.00	City Budget
Program Supplies		\$ 4,700.00	\$ 4,700.00	City Budget
Rent & Utilities		n/a	n/a	
Other – list below Field trips and special events/guest		\$ 26,920.00	\$ 26,920.00	City Budget
<i>Subtotal</i>		\$ 33,220.00	\$ 33,220.00	

TOTAL COST		\$ 127,007.00	\$ 127,007.00	
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CITY OF SARATOGA SPRINGS LIVE
 2016 YTD

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FOR 2016 13

ACCOUNTS FOR:
 GENERAL FUND

ORIGINAL ESTIM REV	REVISED EST REV	ACTUAL YTD REVENUE	ACTUAL MTD REVENUE	REMAINING REVENUE	PCT COLL
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6 DEPARTMENT OF RECREATION

0000 NOT USED

0 NOT USED

A056 42005 SUMMER PROGRAM	-105,000	-105,000	.00	.00	-105,000.00	.0%
TOTAL NOT USED	-105,000	-105,000	.00	.00	-105,000.00	.0%
TOTAL NOT USED	-105,000	-105,000	.00	.00	-105,000.00	.0%
TOTAL DEPARTMENT OF RECREATION	-105,000	-105,000	.00	.00	-105,000.00	.0%
TOTAL GENERAL FUND	-105,000	-105,000	.00	.00	-105,000.00	.0%
TOTAL REVENUES	-105,000	-105,000	.00	.00	-105,000.00	.0%



FOR 2016 01

ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	% USED
A GENERAL FUND						
6 DEPARTMENT OF RECREATION						
7150 SUMMER RECREATION PROGRAM						
1 PERSONAL SERVICE						
A3567151 51580	CAMP SARADAC DIRECTOR 6,370.00	0.00	0.00	0.00	6,370.00	.0%
A3567151 51940	LABORER (SEASONAL) 78,000.00	0.00	0.00	0.00	78,000.00	.0%
A3567151 51948	CAMP SARADAC COUN B/A KID CARE 2,250.00	0.00	0.00	0.00	2,250.00	.0%
A3567151 51960	OVERTIME 500.00	0.00	0.00	0.00	500.00	.0%
A3567151 58030	CITY PORTION SOCIAL SECURITY 6,667.00	0.00	0.00	0.00	6,667.00	.0%
TOTAL PERSONAL SERVICE	93,787.00	0.00	0.00	0.00	93,787.00	.0%
2 EQUIPMENT AND CAPITAL OUTLAY						
A3567152 52200	OFFICE EQUIPMENT 0.00	0.00	0.00	0.00	0.00	.0%
A3567152 52500	SPORTS EQUIPMENT 0.00	0.00	0.00	0.00	0.00	.0%
TOTAL EQUIPMENT AND CAPITAL OU	0.00	0.00	0.00	0.00	0.00	.0%
4 CONTRACTED SERVICES						
A3567154 54110	OFFICE SUPPLIES 500.00	0.00	0.00	0.00	500.00	.0%



FOR 2016 01

ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	% USED
A3567154 54160 3000	UNIFORMS 0.00	0.00	0.00	0.00	0.00	.0%
A3567154 54180	OTHER SUPPLIES 4,000.00	0.00	0.00	0.00	4,000.00	.0%
A3567154 54350	POOL 2,500.00	0.00	0.00	0.00	2,500.00	.0%
A3567154 54360	SPECIAL/FOOD 500.00	0.00	0.00	0.00	500.00	.0%
A3567154 54500	PROGRAMS & BUS TRIPS 16,000.00	0.00	0.00	0.00	16,000.00	.0%
A3567154 54520	GAS & OIL 5,400.00	0.00	0.00	0.00	5,400.00	.0%
A3567154 54530	EQUIPMENT & VEHICLE RENTAL 2,520.00	0.00	0.00	0.00	2,520.00	.0%
A3567154 54600	ADVERTISING 1,600.00	0.00	0.00	0.00	1,600.00	.0%
A3567154 54620	RENTAL 0.00	0.00	0.00	0.00	0.00	.0%
A3567154 54670	PHONES 200.00	0.00	0.00	0.00	200.00	.0%
A3567154 54720	SERVICE CONTRACTS - PROF SERV 0.00	0.00	0.00	0.00	0.00	.0%
A3567154 54772	INSURANCE 0.00	0.00	0.00	0.00	0.00	.0%
TOTAL CONTRACTED SERVICES	33,220.00	0.00	0.00	0.00	33,220.00	.0%
TOTAL SUMMER RECREATION PROGRA	127,007.00	0.00	0.00	0.00	127,007.00	.0%
TOTAL DEPARTMENT OF RECREATION	127,007.00	0.00	0.00	0.00	127,007.00	.0%
TOTAL GENERAL FUND	127,007.00	0.00	0.00	0.00	127,007.00	.0%
TOTAL EXPENSES	127,007.00	0.00	0.00	0.00	127,007.00	.0%
GRAND TOTAL	127,007.00	0.00	0.00	0.00	127,007.00	.0%

** END OF REPORT - Generated by Debbie Prior **

(ATTACHMENT 2)
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CONSTRUCTION / SITE DEVELOPMENT BUDGET

(Entitlement Grant + Leveraged Funds = Total Activity Cost)

	ENTITLEMENT GRANT	Leveraged Funds*	Total Activity Cost	*Source of leveraged Funds and In-Kind Services
PRECONSTRUCTION				
Legal				
Engineering				
Architectural/Design				
Fees and Permits				
<i>Subtotal</i>				

DEVELOPMENT				
Relocation				
Site Preparation				
Construction - materials				
Construction - labor				
Construction Financing				
Other - (explain)				
<i>Subtotal</i>				

TOTAL COST				
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(ATTACHMENT 3)

**OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR A-133
MONITORING OF FEDERAL FINANCIAL ASSISTANCE TO SUBRECIPIENTS**

ORGANIZATION: City of Saratoga Springs Recreation Department

MAILING ADDRESS: Vanderbilt Ave., Saratoga Springs, NY 12866

FEDERAL ID #: 14-6002423 PHONE: 518-587-3550 x2300 FAX: 518-584-1748

DUNS #: _____

1. Please identify your fiscal year (mth/yr to mth/yr): 01/16 to 12/16

Please identify below the funding received during your last fiscal year:

2. Community Development Block Grant Entitlement Funding (CDBG):

CDBG Activity Name: Camp Saradac

CDBG Funding Program Year: 2015 CDBG Funding Amount: \$2,500.00

3. Other Federal Financial Awards (cash & non-cash):

GIVE NAME & CATALOG OF FEDERAL FINANCIAL ASSISTANCE (CFDA) # AMOUNT OF AWARDS

None _____

4. During your last fiscal year, has your organization expended more than \$500,000 in total federal financial awards (incl. CDBG & all other federal assistance)? YES * _____ NO X

* If "yes", include a copy of your latest Single Audit Report with this completed and signed form as part of your application. If you answered "no", please complete, sign and return this form.

5. Are you aware of any financial audit violations, findings or questioned costs relating to any activity funded with federal financial assistance? YES * _____ NO X

* If "yes", please describe:

6. Other Saratoga County Awards (cash & non-cash):

IDENTIFY PROGRAM NAME & YEAR OF AWARD IDENTIFY

AMOUNT OF CO. AWARDS

Youth Bureau-OCFS 2015 - not for Camp

\$6,500.00

Authorized Signature

Date

Attachment 4 will be revised this year

(Attachment 4)

City of Saratoga Springs

Recreation Department
 15 Vanderbilt Avenue
 Saratoga Springs, New York 12866-4914
 518-587-3550 x2300
 Fax 518-584-1748
www.saratoga-springs.org



John Hirleman
 Administrative Director

KATHLEEN LANFEAR
 Recreation Office Manager

DEBORAH PRIOR
 Senior Account Clerk

DOUGLAS JUNE
 Senior Account Clerk

Jill Ramos
 Program Coordinator

If you would like a scholarship for Recreation Department Programs, these forms must be filled out for each individual program.

2. Verification of Family—Household Income
 - e. Federal or State Income Tax Returns
 - f. Proof of residency i.e. property tax bill or renter's agreement-if relevant
 - g. Child support papers-if relevant
 - h. Social Services required paper work if relevant i.e. welfare recipients, food stamp recipients

The Recreation Department reserves the right to reasonably limit the amount of scholarships. This number will be based on a first come/first serve basis, city residents given first priority, and the amount of funding will also determine the number of full and partial scholarships that will be awarded.

Scholarships will be awarded during regular registration dates to families not limited to City Residents providing that the criteria are met. However, City residents will be given preference.

NOTE: All volunteer coaches and assistant coaches will be given a full scholarship for their children who are participating in the program in which they are volunteering.

Number of People in Household	FULL (100%) Scholarship		
	Annual	Monthly	Weekly
2	\$20,813.00	\$1,734.41	\$433.60
3	\$26,178.00	\$2,181.50	\$545.37
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7	\$53,138.00	\$4,428.16	\$1,107.04
8	\$58,503.00	\$4,875.25	\$1,218.81

CITY OF SARATOGA SPRINGS RECREATION DEPARTMENT
SCHOLARSHIP REQUEST FORM

PARENT/LEGAL GUARDIAN INFORMATION:

Optional Demographic: Black ___; Hispanic ___; White ___; Other ___

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PARENT/LEGAL GUARDIAN INCOME – FEDERAL OR STATE INCOME TAX FORM REQUIRED

FEDERAL OR STATE INCOME TAX FORM NUMBER: _____

VERIFIED DATE: _____ INITIAL _____ LINE #: _____ AMOUNT: _____

SALARY INCLUDE OVERTIME, COMMISSION, TIPS: _____

SELF-EMPLOYMENT: _____

PUBLIC ASSISTANCE: _____

CHILD SUPPORT (RECEIVED): _____

UNEMPLOYMENT BENEFITS: _____

SOCIAL SECURITY BENEFITS: _____

WORKMAN'S COMP: _____

OTHER: _____

MONTHLY EXPENSES:

MORTGAGE/RENT: _____

UTILITIES (PHONE, LIGHTS, GAS/OIL): _____

CAR PAYMENTS: _____

MEDICAL EXPENSES: _____

FOOD: _____

OTHER: _____

HOUSEHOLDS GETTING FOOD STAMPS OR AID TO DEPENDANT CHILDREN (ADC)/
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

FOOD STAMP NUMBER _____

ADC/TANF#: _____

CITY OF SARATOGA SPRINGS RECREATION DEPARTMENT
SCHOLARSHIP REQUEST FORM—PART 2

SCHOLARSHIP REQUESTED FOR:(PRINT CHILD'S FULL NAME EVEN IF SURNAMES ARE THE SAME)

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S NAME: _____ SCHOOL: _____

CHILD'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

IS THIS A FOSTER CHILD? _____ YES _____ NO

ATTACH PROOF OF LEGAL GUARDIANSHIP

CHILD'S PERSONAL USE INCOME AMOUNT \$ _____

NAMES, AGES, AND INCOME OF ALL OTHER PERSONS LIVING IN SAME HOUSEHOLD AS CHILD:

NAME: _____ RELATIONSHIP _____ INCOME: _____

NAME: _____ RELATIONSHIP _____ INCOME: _____

NAME: _____ RELATIONSHIP _____ INCOME: _____

NAME: _____ RELATIONSHIP _____ INCOME: _____

NAME: _____ RELATIONSHIP _____ INCOME: _____

NAME: _____ RELATIONSHIP _____ INCOME: _____

NAME: _____ RELATIONSHIP _____ INCOME: _____

WHAT AMOUNT, IF ANY, WOULD YOU BE ABLE TO AFFORD TOWARDS THE PROGRAM? _____

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

DATE: _____