



# City of Saratoga Springs

Recreation Department  
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 Senior Account Clerk  
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 Senior Account Clerk  
 JILL RAMOS  
 Program Coordinator  
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 Program Coordinator

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

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 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.

### FULL (100%) Scholarship

Number of People in Household	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

### Partial (50%) Scholarship

Number of People in Household	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

CITY OF SARATOGA SPRINGS RECREATION DEPARTMENT  
SCHOLARSHIP REQUEST FORM

PARENT/LEGAL GUARDIAN INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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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, COMISSION, TIPS: \_\_\_\_\_

SELF-EMPLOYMENT: \_\_\_\_\_

PUBLIC ASSISTANCE: \_\_\_\_\_

CHILD SUPPORT (RECEIVED): \_\_\_\_\_

UNEMPLOYMENT BENEFITS: \_\_\_\_\_

SOCIAL SECURITY BENEFITS: \_\_\_\_\_

WORKMAN’S COMP: \_\_\_\_\_

OTHER: \_\_\_\_\_

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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)/  
TEMPORY 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: \_\_\_\_\_

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Child name: \_\_\_\_\_ Grade: \_\_\_\_\_ Program: \_\_\_\_\_ Code: \_\_\_\_\_ Amt: \_\_\_\_\_

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