

**HUDSON VALLEY COMMUNITY COLLEGE**  
**KIDS ON CAMPUS SUMMER/VACATION PROGRAMS**  
**SCHOLARSHIP REQUEST FORM**

Child's Name \_\_\_\_\_ Child's SS# \_\_\_\_\_

Child's Age \_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Child's Address \_\_\_\_\_

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

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**DETERMINATION OF INCOME ELIGIBILITY GUIDELINES**

*Use the chart below to determine if you are eligible for a scholarship and circle appropriate household size*

**Please submit a copy of your 2018 Income Tax Return or a paystub along with this form.**

HOUSEHOLD SIZE	INCOME		
	Year	Month	Week
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional family member add	+7,992	+666	+154

**What is your household size?** \_\_\_\_\_

\* If your income exceeds the amount listed for your household size please send in your request anyway. If we have additional funds to award we may extend the eligibility requirements.

**REFERRED BY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional information that you feel should be considered in determining need:**

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**PLEASE RETURN TO:**

Hudson Valley Community College  
Office of Community Education  
80 Vandenberg Avenue  
Troy, NY 12180  
Phone (518) 629-7339 Fax (518) 629-8103