**Camp Scholarship Application**

**CONTACT INFORMATION:**

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

First Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INFORMATION:** Please include **all** household members.

|  |  |
| --- | --- |
| **Name** | **Date of Birth** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**CAMP INFORMATION:**

Please attach a copy of the camp’s flyer or registration form to your application. **Scholarship payments will be made directly to the camp.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s name** | **Name of camp** | **Day camp or overnight?** | **Total cost of camp?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Camp name** | **Address** | **Phone #** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**INCOME ATTESTATION:**

I,­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that my household income is **AT or BELOW the current 200% Federal Poverty Limit**, as indicated below.

Household size (circle one): 1 2 3 4 5 6 7 8 9+

|  |  |
| --- | --- |
| **2024**  **Household/Family Size** | **Annual income** |
| **1** | $30,120 |
| **2** | $40,880 |
| **3** | $51,640 |
| **4** | $62,400 |
| **5** | $73,160 |
| **6** | $83,920 |

I certify that all of the information above is accurate to the best of my knowledge.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send completed/signed application with camp flyer or registration form to:**

Tioga Opportunities, Inc.

Attn: Camp Scholarship

9 Sheldon Guile Blvd

Owego, NY 13827