



# 2022 Youth Scholarship Application Form

Referral Source (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Agency/School: \_\_\_\_\_ Address: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

**MUST BE FILLED IN:**

**Disclaimer:** The following information is needed only for statistical purposes for the State of New York.

SEX:  M  F

ETHNICITY:  White  Black  Hispanic  Native American  Asian  Other \_\_\_\_\_

**Nominating Youth MUST meet all of the following criteria:**

- Under the age of 21  Current resident of Clinton County
- Determined to have documented financial need due to one or more of the following:
  - \_\_\_\_ Qualifies for Supplemental Nutrition Assistance Program (SNAP) \*
  - \_\_\_\_ Qualifies for Free or Reduced School Lunch Program \*
  - \_\_\_\_ Income lower than poverty level \* (enclosed guidelines)

\* How did you verify the above financial information – documentation necessary: \_\_\_\_\_

1. If the applicant has been determined to be at risk, please explain briefly. \_\_\_\_\_

\_\_\_\_\_

2. Please comment on the reason why you feel this applicant needs scholarship assistance and how they will benefit from participation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What other programs/activities or agencies is the youth involved with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Parents must be contacted by the referral source and agree to have youth participate and provide transportation to the activity.

Parents/guardian and youth's response to participating in the activity and obligation to providing transportation (if needed) to and from the activity?

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**AMOUNT REQUESTED:** \_\_\_\_\_

**What activity or equipment will the scholarship purchase?**

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**List the specific costs to be covered by this scholarship and provide ALL documentation of the cost in writing.** (Attach program brochure or registration form.)

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**Is there a fund (wrap around, teachers association, school/community fund) within your own school, agency or organization which can be accessed to help cover costs?      \_\_\_\_\_ YES      \_\_\_\_\_ NO**

**Is the youth receiving any other funding to assist with the cost of the program/activity? If so, please list from where and the amount.** \_\_\_\_\_

As the referring agency, school or municipality, I understand that I am **responsible for ALL** coordination of services, billing and ensuring the youth's participation in the designated activity. If the youth **does not** participate, it is my responsibility to notify the Youth Bureau immediately. **I further agree to complete a Scholarship Feedback Form for any youth who receives a scholarship.**

\_\_\_\_\_  
(Signature of individual making the referral)

**Date:** \_\_\_\_\_

**PLEASE NOTE:      Scholarship money must be used before December 31, 2022**  
**Invoices should be billed directly to the Clinton County Youth Bureau**

**Return Scholarship Application to:**

Clinton County Youth Bureau, 137 Margaret Street, Plattsburgh NY 12901

Phone: 565-4750      FAX: 565-4775

