



**COMMISSION ON ECONOMIC OPPORTUNITY
for the Greater Capital Region, Inc.**

2331 5th Ave. Troy, N.Y. 12180 ♦ Tel: 518-272-6012 Fax: 518-272-6017

Application for Connected Kids – Stepping Stones II Camp Scholarship

THIS SCHOLARSHIP AWARD IS BASED ON INCOME ELIGIBILITY.

Child must be Kindergarten age, 5 years to 12 years old to be considered for the scholarship.

Child's Name _____

Application Date: _____ Birth Date _____ Gender: ___M___F

Special Needs _____

PRIMARY PARENT / GUARDIAN INFORMATION

Name: _____

Address: _____ Phone: _____

City /Town: _____ State: _____ Zip Code: _____ County: _____

SECONDARY PARENT / GUARDIAN INFORMATION

Name: _____

Address: _____ Phone: _____

City /Town: _____ State: _____ Zip Code: _____ County: _____

Number of People in family: _____ Number of people living in household: _____

| First and last Name | Sex | Date of Birth | Relationship | Any Special Needs |
|---------------------|-----|---------------|--------------|-------------------|
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THIS SCHOLARSHIP AWARD IS BASED ON INCOME ELIGIBILITY. IN ORDER FOR US TO CONSIDER YOUR CHILD'S APPLICATION WE MUST HAVE PROOF OF INCOME.

(PLEASE SUBMIT WITH APPLICATION)

___ SSI ___ UNEMPLOYMENT ___ DISABILITY/ COMPENSATION ___ CHILD SUPPORT
 ___ US INDIVIDUAL TAX RETURNS (PREVIOUS YEAR) ___ PAY STUBS
 ___ LETTER FROM EMPLOYER ___ BIRTH CERTIFICATE
 ___ IMMUNIZATION RECORD ___ CURRENT PHYSICAL

| Relationship | Name and Place of Employment | Phone Number | Hours of Work | Alternate Number |
|--------------|------------------------------|--------------|---------------|------------------|
| | | | | |
| | | | | |
| | | | | |

Parent/ Guardian Signature _____ Date: _____

Please Print Full Name: _____

If your family has been homeless with in the past year please contact Brenda Holyoke @518-272-6012 ext. 266 to discuss your situation.

For office use only: TYPE OF INCOME: _____ Total Yearly Gross Income _____

___ 100% Income Eligible ___ 130% Poverty Guideline ___ Over Income (Refer to Daycare)

Staff Signature _____ Date: _____

___ BIRTH CERTIFICATE ___ BAPTISMAL RECORD ___ IMMUNIZATION RECORD

___ BENEFIT CARD ___ HEALTH INSURANCE CARD

Staff Signature: _____ Date: _____

Center Manager/ Assistant CM: _____ Date: _____ ERSEA Manager: _____