



**TOWN OF RIVERHEAD SUMMER RECREATION PROGRAMS**

**Application for Tuition Assistance: please submit applications, necessary documents, and a written statement of need to [keller@townofriverheadny.gov](mailto:keller@townofriverheadny.gov) by Friday, March 25th, 2022.**

Name of Parent/Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

Primary Phone # \_\_\_\_\_ No. in Household \_\_\_\_\_

If you do not meet the income criteria, but are experiencing extenuating circumstances and are in need of financial assistance, please write a brief letter explaining your situation. Applications will be brought to a small panel for consideration. All of the information you have provided on this form will remain confidential and only individuals responsible for the administration of this program will have access to this information. Scholarships will be rewarded in the amount of up to two weeks of free camp.

I am currently receiving Social Service/ Financial Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_

The assistance I am currently receiving is through:  
(check one) DSS \_\_\_\_\_ SSI \_\_\_\_\_ Other \_\_\_\_\_

My current annual income is: \_\_\_\_\_

**All applicants must attach a copy of their 2021 tax return or W-2 in order to be eligible for assistance. Also, please attach a statement in writing explaining why you need assistance.**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS ACCURATE

Signature Parent/ Guardian \_\_\_\_\_ Dated: \_\_\_\_\_

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**INCOME CRITERIA EFFECTIVE 2021-2022**

<u>No. in Household</u>	<u>Annual Salary</u>	<u>Monthly</u>	<u>Weekly</u>
2	\$ 31,284	\$ 2,607	\$ 602
3	\$ 39,461	\$ 3,289	\$ 759
4	\$ 47,638	\$ 3,970	\$ 917
5	\$ 55,815	\$ 4,652	\$ 1,231
6	\$ 63,992	\$ 5,333	\$ 1,201
7	\$ 72,169	\$ 6,015	\$ 1,388
8	\$ 80,346	\$ 6,696	\$ 1,546

OFFICE USE ONLY: Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

