

CORTLAND YOUTH BUREAU

35 Port Watson Street • Cortland, NY 13045 • (607) 753-3021 • Fax: (607) 753-3023 • www.cortland.org

CYB Scholarship Fund Policy

Scholarships are available for resident individuals of all ages, who, for financial reasons, would otherwise be unable to participate in Cortland Youth Bureau programs. All individuals seeking scholarship funds must complete the application on the back at time of request and indicate if applying for free or half price program.

<u>Income Chart:</u> The following chart lists income levels according to household size and income levels received either yearly, monthly or weekly. If your total household income is the same or less than the amount on the Income Chart below, your children can get free or half price on program.

Reduced Price Lesson Eligibility Scale Income Chart

Househhold Size	Annual	Month	Week
1	\$15,448	\$1,288	\$298
2	\$20,813	\$1,735	\$401
3	\$26,178	\$2,182	\$504
4	\$31,543	\$2,629	\$607
5	\$36,908	\$3,076	\$710
6	\$42,273	\$3,523	\$813
7	\$47,638	\$3,970	\$ 917
8	\$53,003	\$4,417	\$1,020
For each additional family			
member add	+ 5,365	+448	+104

<u>Verification:</u> The Youth Bureau may ask you at any time to verify your eligibility. You would be notified, in writing, if you have been selected for Verification.



Cortland Youth Bureau Scholarship Application

Parent/Guardian Name	*		
Child's Name:			
Mailing Address:			
Phone:	**************************************	Work Phone:	
Email:			
		ding parent/guardian:	
Income:	Please specify if this is annually, monthly or weekly:		
knowledge and agree to	o provide documentation or for the purpose of verify	ed is true and accurate to the best of my of the above stated income if requested by the ring my eligibility to receive free or reduced	
_	e of Parent/Guardian	Date	
* This application will be whether your child will participants receiving fr	be reviewed by the Cortland be eligible to receive free	nd Youth Bureau and you will be notified as to or reduced price. Please keep in mind that even expected to maintain their commitment to the ences or tardies.	
For more information p	lease call 753-3021 ext. 2	3 or 25. Thank you.	
☐ Will pay half price			
☐ Asking for total fee to	be waived		
**********	********	************	
Office Use Only			
Amount Paid	Date	Initials	
*******	********	************	