



The Clarkstown Cares Scholarship Fund CAMP PROGRAM 2020

The **Clarkstown Cares Scholarship Fund** was established to support Clarkstown families in need of financial assistance toward our camp program. To be considered for a scholarship, applicants must be residents of the Town of Clarkstown, with demonstrated financial need or special circumstances. Note: only one scholarship for the camp program will be awarded per family. The number of scholarships awarded each year will be contingent upon available funds.

How to Apply:

Applications may be submitted in hardcopy format or via email as a scanned pdf.

Application Requirements: (Note: Incomplete applications will NOT be considered)

- Completed and signed application
- Proof of residency, which **MUST** have your physical address
- IRS 1040 (cross out your social security number)

Application Deadline: May 26, 2020

Selection of Recipients:

Your application will be reviewed by a committee comprised of members of the Rockland Community Foundation and the Clarkstown Parks Board and Recreation Commission (CPBRC) based upon the criteria set forth above.

Submit Your Completed Application:

In person: Clarkstown Cares
c/o Clarkstown Recreation & Parks
31 Zukor Road
New City, New York 10956

By mail: Rockland Community Foundation
The Clarkstown Cares Fund
P.O. Box 323
New City, NY 10956

By email: info@rocklandgives.org

Incomplete applications or applications submitted without proof of residency will not be considered. Finalists will be notified by mail.

Keep a copy of your application for your records.

Questions? Call 845.639.6200 or email info@rocklandgives.org

Parents' Names: _____

Address (make sure to include your PO Box number if applicable):

Email: _____ Home Phone: _____

Cell Phone _____

Number of children in your family _____

Will more than one be attending the Camp program? ___ Y ___ N

Name of child you are applying for scholarship _____

Age _____ Male/Female _____ Grade _____

Apart from financial need, please write a short paragraph telling us why you think your child would benefit from the Clarkstown Camp Program.

If your child is not selected as a scholarship recipient, will he or she still be attending the program this year? ___ Y ___ N

Certification and Permissions - Please Read and Sign

I hereby affirm that the information contained herein is true and correct. I grant permission to the Rockland Community Foundation to verify such information and to release information to the fund holders for the Clarkstown Cares Scholarship. I understand that this scholarship grant will be paid directly to the Town of Clarkstown and is contingent upon my commitment to have my child attend camp for the full session (less any excused absences). I understand that camp runs from June 29 - August 7, 2020. I also certify that the information I have provided in my application, including verification of residency, has not been falsified. I consent to have a copy of my application and all supporting materials retained indefinitely by the Rockland Community Foundation.

Parent/Guardian Signature: _____ Date: _____