

**Town of North Salem Recreation Department**  
**3 Owens Rd, PO Box 163, Croton Falls, NY 10519**  
**(914)669-5665**

**Application for Financial Assistance – North Salem Day Camp 2026**

It is the intention of the Town of North Salem Recreation Department to assist its residents in participating in the summer day camp program by offering financial assistance to those who truly need it. In order to do so, we need your cooperation by reading the policy outlined below and completing the application in full. **Please address your financial statements to the Superintendent of Recreation. All of your information will be kept confidential.**

**Eligibility Criteria:**

- Applicant must be a full-time resident of the Town of North Salem.
- Applicant must provide all the required information outlined below.
- Financial assistance applications accepted for children between 4 and 12 years of age.

**Financial Aid Commitment:**

- A limited number of \$500 assistance packages will be available, based upon donations.
- In the event more applications are received than available funds, a lottery system will be used to award financial assistance.

**Application Instructions:**

- Child must be fully registered with us at the time this application is submitted. You must reapply each year.
- **Application for financial assistance must be submitted no later than May 4th of the year applying; this includes your tax and financial documentation, as well as camp registration.** We require this time to review your information and make a determination.
- **A partial payment** must be submitted with the financial assistance application to cover the remainder of the two-week session tuition fee (session 1: \$175, session 2/3: \$250). This payment can be refunded if you are not selected for financial assistance and you choose to cancel your child's registration.
- Applicants are not guaranteed financial assistance.
- **All fees determined to be due must be paid in full to the Recreation Department office prior to the start of the camp program. Your child will not be enrolled until FULL payment is received.**

**You must verify your residency by providing us with a photo ID and two (2) of the following which contain a Town of North Salem street address:**

- Recent Tax Bill
- Recent Utility Bill
- Recent Bank Statement
- Recent Mortgage Bill or Statement

**You must verify your household's total gross annual income as detailed on the application page. In the case of divorced or separated parents, we must have the tax returns of the party or both parties who claim the dependent children for the year, including any 1099's and W2's.**

**Financial Assistance Application must be completed in full and submitted on time with the appropriate documentation in order to be considered.**

Submit application with all supporting documents to:  
**Superintendent of Recreation, 3 Owens Rd, PO Box 163, Croton Falls, NY 10519**

# Town of North Salem Recreation Department

## Application for Financial Assistance

Applicant Contact Information	
Applicant's Last Name	
Applicant's First Name	
Applicant's Address	
Applicant's Phone Number	Applicant's Email Address

Child's Information	
Child's Name	Age
#1	
#2	
#3	

Income Eligibility Requirements
<b>RESIDENCY:</b> Applicants must live in the Town of North Salem
<b>INCOME:</b> Applicant's household must have an income equal to or less than 200% of the current federal poverty level as determined by the <a href="#">U.S. Department of Health and Human Service's Federal Poverty Guideline</a> .

Household Income Eligibility
<b>What is your current employment status? (all adults in household)</b> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">                     Working Full-Time  <input type="checkbox"/>                      Retired  <input type="checkbox"/> </div> <div style="text-align: center;">                     Working Part-Time  <input type="checkbox"/>                      Disability  <input type="checkbox"/> </div> <div style="text-align: center;">                     Unemployed  <input type="checkbox"/>                      Other (explain)  <input type="checkbox"/> </div> </div>
Total Annual Household Income:
Number in Household: <b>Adults:</b> <b>Children (Under 18):</b>
Are you receiving funding from any other sources? (unemployment insurance, food stamps, public assistance, SSI/SSD, Child Support, Alimony, etc) <input type="checkbox"/> No <input type="checkbox"/> Yes; please explain:

Please attach a copy of your most recently filed federal tax return and all W2 forms and 1099's. If you itemize, please include 'Schedule A' and any other schedules. WE CANNOT PROCESS YOUR APPLICATION WITHOUT YOUR TAX FORMS AND VERIFICATION OF YOUR INCOME

I hereby state that the information I have provided in this application is true and correct and my financial need is genuine. I agree to provide proof of income. I agree to inform the Superintendent of Recreation if I no longer qualify to receive financial aid. I understand the participant may be withdrawn from the program and become ineligible for future scholarships due to "no show," excessive absences or excessive late withdrawals.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_