

ECHO Fund Scholarship Application

The ECHO Fund (which stands for Every Child Has Opportunities) is a scholarship fund used to ensure that all children in Tompkins County have opportunities to participate in community activities irregardless of their ability to pay. Priority is given to Ithaca Youth Bureau sponsored activities. The ECHO Fund is funded solely by private donations. Grants are generally awarded to cover a portion of the costs of registration fees, clothing expenses etc., for activities such as sports activities, music lessons, art classes, summer camp, etc., for children from families unable to pay. Children are generally eligible for ECHO funds if they receive free or reduced price school lunch and costs cannot be paid from any other source of funding. **ECHO Fund applications should be submitted at least one month in advance, to allow time for processing.**

Please submit this completed (both sides) application, a copy of the registration form for the activities you are requesting assistance with and a copy of the income verification or free/reduced lunch letter to: The Ithaca Youth Bureau, 1 James L. Gibbs Drive, Ithaca NY 14850. Fax (607) 273-2817. Email: iyb@cityofithaca.org

Name of child: _____ **School:** _____

Address: _____
(Street) (City/Town) (State) (Zip Code)

Name of Parent /Caregiver: _____

Address: _____
(Street) (City/Town) (State) (Zip Code)

Phone Number: _____ **Best time to call:** _____

Email: _____

Person Submitting Application (if not parent/caregiver): _____

Relationship to Family: _____

Phone Number: _____ **Best time to call:** _____

(Voluntary/For Statistics Only – Please Circle):

ETHNICITY: *African American/Asian or Pacific Islander/Latino/ Multi-Racial/ Native American/ White/ Other:* _____ / *Prefer not to Say*

Purpose of Scholarship: (Please give a brief explanation)

Name of business/organization and name of class/program the child is registering for:

_____ **Amount of original registration for class/program:** _____

Do they offer scholarship or financial assistance for their class/program? YES or NO

If yes, have you requested scholarship/financial assistance from them: YES or NO

How much was this scholarship/financial assistance: \$ _____

Are you receiving any other scholarship/financial assistance from any other entity? YES or NO

If yes, please provide the name of who provided the scholarship: _____

How much was this scholarship/financial assistance: \$ _____

ECHO Scholarship amount requested: _____ **Date:** _____

If approved, check should be payable to: _____

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- Section 1 if you are applying for a program/activity scholarship.
- Sections 1 and 2 if you are applying for summer camp or childcare
- Section 3 if you answered “not eligible” in section 1 and are not currently eligible for DSS financial assistance, but would still like to request a scholarship due to other reasons

(Confidentiality: The information you provide will be treated confidentially and will be used for the sole purpose of evaluating the need for scholarship.)

1. Child is eligible for (check one):

Free Lunch Reduced Price Lunch Not eligible for either
Please attach free/reduced price lunch letter or DSS letter/certificate of eligibility.

 Parent/ Guardian Signature

 Date

2. The family is receiving (please check if appropriate):

DSS Family assistance DSS Child Care subsidy

If yes, have you applied for DSS funds to cover these expenses? Yes No

If yes, what was the outcome? (Please provide DSS approval/denial letter and provide a brief explanation)

3. Please list all sources of income per: week month year (check one)

Wages/Tips: _____ Child Support/Alimony: _____ DSS Benefits: _____

Unemployment/Social Security: _____ Student Grants, Stipends, Loans: _____

Housing Subsidies: _____ Other Ongoing Support: _____

Total Household Gross Income: _____ Number of Persons in Household: _____

Please include copies of one of the following forms of income verification: pay check stub, latest federal income tax, DSS budget sheet, unemployment statement, child support payment statement or Tompkins Community Action income letter. Feel free to attach a separate sheet of paper for additional information you want to add.

Please write any special situations or needs for this scholarship?

OFFICE USE ONLY

Date Received: _____

Application: Approved Denied

Scholarship Amount Approved: _____ Parent's Share: _____

Signature: _____ Date: _____

Updated 07/14/17
