

Dear Parent/Guardian:

Please find below the information to apply for a **2025** scholarship for Braeside's summer camp program.

To help the children who truly need us most, we have implemented an application process for families who are currently facing financial hardship and are unable to afford our registration and/or program fee(s).

Please see hardship income guidelines below. If you do not meet these criteria, you may still complete the application & contact our office to request consideration.

Applications will be accepted on a first-come, first-serve basis as long as our resources allow. Applications **MUST** be submitted with all required information in order to be considered for scholarships. A child must have applied to our summer camp to be considered.

If submitting for multiple children, please fill out a separate application for each child.

Please attach **ALL** of the following income documentation to your application.

- Proof of Gross Income before taxes, which includes social service benefits, alimony or child support, paid retirement benefits and salary or wages.
- 2024 W-2 Forms
- Most recent three (3) consecutive pay stubs
- Copy of child support checks or court documents related to payment.
- Copy of free/reduced lunch verification from your child's school district.

Hardship Income Guidelines	
Family Size	Income Limits
1	\$27,861
2	\$37,814
3	\$47,767
4	\$57,720
5	\$67,673
6	\$77,626
7	\$87,579
8	\$97,532

** Based on the 2024-2025 Child Nutrition Program Federal Income Guidelines*

You may submit the application via

Email to nybraesidesidecamp@gmail.com, Mail to 640 East Main Street, Middletown, NY 10940

OR call (845)343-8985 to arrange a time to drop it off in our office.



BRAESIDE
Camp
Making Memories since 1896

640 East Main St, Middletown, NY 10940

www.braesidecamp.org

845-343-8985

Child Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Mailing Address: _____

Physical Address (if different from above): _____

Home#: _____ Cell#: _____

Email Address: _____

Does your child receive Free or Reduced Lunch? (Circle) Yes / No

Would you be interested in receiving a partial scholarship, if available? (Circle) Yes / No

Household Composition					
Name	Relationship	Age	Sex	Occupation	Gross Income/Source (Including Child Support)

Head of Household: _____

Gross Yearly Income: _____

Employer: _____

Phone: _____

Address: _____

Date of Employment: _____

Parent/Guardian Signature: _____ Date: _____

***** Office Use Only *****

Date Received: _____ Approved: ☐ Full ☐ Partial \$ _____ ☐ Not Approved

Director's Signature: _____ Date: _____

Board Member's Signature _____ Date: _____