



Office of Extended Programs: College Academy

696 US Route 9, Wilton, NY 12831

CALL: 518.584.3959 | **FAX:** 518.584.0896 | **EMAIL:** chs@sunyacc.edu

SUNY Adirondack College in the High School (CHS)
Foundation Scholarship Application
 2024-2025

Application Information:

- Complete all fields on this application, as incomplete applications cannot be processed.
- The student applicant must be a US Citizen taking at least one college course in the high school (CHS).
- To qualify, the amount entered for **Total Income Before Taxes** *must not exceed* the amount listed next to the corresponding number for household size on the 2024-25 Federal Free/Reduced Lunch Guidelines chart:

Household Size	Annual Income
1	27,861
2	37,814
3	47,767
4	57,720
5	67,673
6	77,626
7	87,579
8	97,532

* Add \$9,953 for each family member in excess of eight

To Submit a Completed Application per Semester: *(choose one option)*

- Upload to our secure portal at www.sunyacc.edu/college-academy-secure-portal (**PREFERRED**)
- Mail to SUNY Adirondack, Office of Extended Programs: College Academy, 696 US Route 9, Wilton, NY 12831

Fall 2024 Semester Application Deadline: October 9, 2024
Spring 2025 Semester Application Deadline: February 25, 2025

Semester: ___ Fall 2024 ___ Spring 2025

Date of Birth (mm/dd/yy): _____

Student Name *(please print):*

 First Middle Last

Permanent Address:

 Street City State Zip Code

Cell Phone *(including area code):* _____ Email Address: _____

Household Size: _____ Total Income Before Taxes *(all sources):* _____

My signature below confirms that the information I have provided on this application form is correct; if requested by SUNY Adirondack, I will provide financial documentation to verify its accuracy.

 Signature of Applicant

 Date

 Signature of Head of Household

 Date