



Zachary Culnan Memorial Family Fund Activity Scholarship Fund

No youth should be priced out of participation in pursuits and passions that could have life-altering and lasting impacts on their future success.

The Zachary Culnan Memorial Family Fund - Activity Scholarship Fund was created with the purpose of providing a resource for low-income, disadvantaged and under-resourced youth who want to participate in a variety of different life-enhancing programs. Applicants who are pursuing participation in sports activities, theater, music, art, STEM or other hobbies are welcome to apply. The scholarship will provide financial support for the applicant to be able to take part in the opportunity of their choice.

The application process is intended for the youth, along with parents' assistance if necessary, to describe their program or activity of choice and why it is important to them. This will give the application committee an insight into exactly how the particular activity program will benefit the applicant. The application is also a great way for our selection committee to better get to know the applicant!

Age qualifications – 9 to 18 years of age

Income guidelines as follows:

<u>Household Size</u>	<u>Annual Income</u>
1	\$15,678 - \$22,311
2	\$21,112 - \$30,044
3	\$26,546 - \$37,777
4	\$31,980 - \$45,510
5	\$37,414 - \$53,243
6	\$42,848 - \$60,976
7	\$68,709 - \$48,282
8	\$53,716 - \$76,442

Each Additional - add \$4,180



CAPTAIN
Community Human Services

In partnership with

CAPTAIN Community Human Services
5 Municipal Plaza, Suite 3
Clifton Park, NY 12065

518-371-1185

www.captaincares.org

OFFICE USE ONLY

Eligibility: Public Assistance SNAP Free/Reduced Lunch Medicaid SSD Other: _____

Application: Granted Amount: _____
 Denied Reason: _____

**Zachary Culnan Memorial Family Fund –
Activity Scholarship Fund**

Name: _____ Age: _____ Gender: _____

Address: _____

City, State, Zip: _____

Name of Sport or Activity: _____

Describe what being involved in this sport or activity means to you. You may use a separate sheet if necessary. _____

Describe what you need for this sport or activity, and why it is important. You may use a separate sheet if necessary. _____

Please include a note of recommendation from a teacher, counselor, family member or caregiver to provide some background information. You may use a separate sheet if necessary.

If there is a barrier that may prevent you from using this scholarship, what would it be?

Amount of assistance requested: \$ _____

The Zachary Culnan Memorial Family Foundation Activity Scholarship Fund may not be able to fund the entire amount of assistance requested. Requests in excess of \$500 may be difficult to fulfill. All payments will be made directly to the activity, sponsoring business or organization, or other third party. Donation requests will not be made directly to the individual or family.

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

By signing below, I give permission for CAPTAIN CHS to use photos of the sponsorship recipient for publicity purposes. _____

Please return completed form to CAPTAIN CHS, 5 Municipal Plaza, Suite 3, Clifton Park,
NY 12065, or email to info@captaincares.org.

For more information on the Zachary Culnan Memorial Family Fund, visit zacharyspirit94.com.