



## BASCOL Scholarship Application

Parent/Guardian name

Address

Address

City, State, Zip code

County

Child's name

Child's age/date of birth

Number of household

Adults

Children

Phone number

Home/cell

Work

Email

Session Applying For

Fall

Circle: AM PM AMPM

# of days per week

Employment information

Employer #1

Address

Address

City, State, Zip code

Phone Number

Supervisor name

Employer #2

Address

Address

City, State, Zip code

Phone Number

Supervisor name

**Monthly income amounts**

**Income verification**

**Gross wages family member #1**

**Gross wages family member #2**

**Gross wages family member #3**

**Unemployment benefits**

**Workers compensation benefits**

**Food stamps**

**Child support**

**Social Security**

**Alimony**

**Pension/Annuities**

**Other income (describe)**

**Other income (describe)**

**Other income (describe)**

|    |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |

**Attachments required**

**8 weeks of paystubs for each gross wage listed**

**Pay verification from employer**

**2025 Tax Return**

## BASCOL Scholarship Eligibility Worksheet

Am I eligible?

|     |    |  |
|-----|----|--|
| Yes | No | My child lives in Onondaga or Oswego County  |
| Yes | No | There is a BASCOL program at the school my child attends (not applicable for summer) |
| Yes | No | I am NOT eligible for government subsidies for child care                            |
| Yes | No | I am a working parent with financial needs (see chart below)                         |

The BASCOL Scholarship only covers 1 child per household

If your family gross income falls within the minimum and maximum below you are eligible for the BASCOL scholarship

If your family gross income is below the Minimum gross income you are not eligible for the BASCOL scholarship but may be eligible for subsidies from the day care unit of the County Department of Social Service

### 2026/2027 PROGRAM QUALIFICATIONS

| Family size | Minimum gross income | Maximum gross income |
|-------------|----------------------|----------------------|
| 2           | \$79,215             | \$97,854             |
| 3           | \$97,854             | \$116,493            |
| 4           | \$116,493            | \$135,132            |
| 5           | \$135,132            | \$153,771            |
| 6           | \$153,771            | \$172,410            |
| 7           | \$172,410            | \$191,049            |
| 8           | \$191,049            | \$194,456            |

I am eligible!

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have filled out the BASCOL application   |
| <input type="checkbox"/> | I have obtained the following supporting documentation:  |
| <input type="checkbox"/> | 8 weeks of paystubs for each gross wage listed in the income verification section of the application |
| <input type="checkbox"/> | Tax return for the previous fiscal year  |
| <input type="checkbox"/> | Employer pay verification form   |
| <input type="checkbox"/> | I have handed in all applicable forms to the BASCOL office at the address below                      |

BASCOL office Scholarship Program contact:

BASCOL, Inc.  
 Attn: Carlee Stewart, Chief Financial Officer  
 4610 Wetzel Road  
 Liverpool, NY 13090  
 315 622-4815  
[cstewart@bascol.org](mailto:cstewart@bascol.org)

# BASCOL Scholarship Employer Verification Worksheet - page 1

To be completed by Employer

|                                |  |
|--------------------------------|--|
| Employee name                  |  |
| Date employment began          |  |
| Position held by employee      |  |
| Employer's name                |  |
| Employee's supervisor          |  |
| Supervisor phone/email address |  |
| Employee payrate               |  |

Gross pay for the last 8 weeks:

| week # | Gross Wages | Tips/Bonus | Commission | Day of the week | Work schedule |     |
|--------|-------------|------------|------------|-----------------|---------------|-----|
|        |             |            |            |                 | In            | Out |
| 1      |             |            |            |                 |               |     |
| 2      |             |            |            | Sunday          |               |     |
| 3      |             |            |            | Monday          |               |     |
| 4      |             |            |            | Tuesday         |               |     |
| 5      |             |            |            | Wednesday       |               |     |
| 6      |             |            |            | Thursday        |               |     |
| 7      |             |            |            | Friday          |               |     |
| 8      |             |            |            | Saturday        |               |     |

If the employee does not work a regularly scheduled workweek please just put varied.

Employer verification statement:

I, \_\_\_\_\_ (please print)

have filled out the above verification information to the best of my ability.

I have no conflict of interest with the above named employee.

\_\_\_\_\_ (please sign)

\_\_\_\_\_ (date)



# BASCOL Scholarship Parent/Guardian Statement of Responsibilities

Upon signing of this statement of scholarship acceptance, I understand the following:

The BASCOL Scholarship is a 50% discount for tuition for my child:

|  |
|--|
|  |
|--|

The scholarship does not cover the following fees and I am responsible should they apply to my child:

Last week of school

Half days

Full days

Snow days

Early dismissal days

Field trips

T Shirt for field trips

Late fees (pick up, payment, sign up)

Registration Fees

I agree to report any and all changes as they apply to the following:

Work schedule changes

Pay rate changes

Members of my household

Failure to report changes may result in immediate loss of the scholarship

**Non payment of my financial responsibility to BASCOL for my portion of the fees may result in loss of the scholarship**

The scholarship is non-transferable and must be applied for annually

School at which scholarship was awarded:

|  |
|--|
|  |
|--|

School year to which the scholarship applies:

|  |
|--|
|  |
|--|

Parent/Guardian name

Print

|  |
|--|
|  |
|--|

Sign

|  |
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|  |
|--|

Date

|  |
|--|
|  |
|--|

BASCOL Representative:

Sign

|  |
|--|
|  |
|--|

Date

|  |
|--|
|  |
|--|