

South Lyon Area Youth Assistance

“Strengthening Youth and Families”

1000 N. Lafayette • South Lyon, MI 48178 • 248-573-8189

Scholarship Request Form

Please return the completed application with the following:

- Copy of 1040 of Parent/Guardian. Please block out social security numbers.
- OR
- Copy of Free and Reduced Lunch Eligibility Letter
(application will not be considered without the proof that the child is claimed on 1040)

Contact Information:

Date of submission: ____/____/____

Child's Name: _____ Birth Date: ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

In which municipality is your property tax paid? (please check one):

- Commerce Township Green Oak Township Lyon Township Milford Novi
- Northfield Township Salem Township South Lyon Wixom

Household:

<u>First and Last Name</u>	<u>Age</u>	<u>Sex</u>	<u>Ethnicity:</u> H=Hispanic N= Non-Hispanic	<u>Race:</u> W=White AA=African American H=Hispanic A=Asian NA=Native American BI=Biracial	<u>School Name</u>	<u>Last grade completed</u>	<u>Adult Work Status</u> FT=Full Time PT=Part Time U=Unemployed H=Homemaker R=Retired

Please answer the following questions:

1. What activity are you seeking assistance with?

2. What is the cost of the program?

(please exclude cost for any equipment, costumes and registration fees)

3. How much are you able to pay toward the cost of the program?

4. Enrollment/deadline date: ____/____/____ (i.e., date you must enroll student in activity). NOTE: Panthers applicants (football and cheer) MUST register FIRST with Panthers prior to be considered for scholarship.

5. What is the **exact name of the sponsoring organization** to whom the check should be made out to?

6. Are you a female head of household? Yes No (Female Head of Household defined as adult female with no male significant other with dependents.)

Upon approval of application, a letter will be sent to the parent/guardian expressing approval. It will include a brief explanation of the Youth Assistance organization and volunteer opportunities, and a request for feedback on the child's participation in the skill building activity. Parents and/or child receiving Skill Building Scholarship funds are encouraged to volunteer some time in one or more Youth Assistance activity.

Yes, my child and/or I would be interested in volunteering at a Youth Assistance activity. Please contact me.

If you have questions regarding your application, please contact the Youth Assistance office directly.

South Lyon Area Youth Assistance has my permission to contact the payee to confirm that my child was able to participate.

Parent

Date



Page 3 of 3
Revised 9/2022

Skill Building Application Form | South Lyon Area Youth Assistance

Office use only: _____
Approval date: ____/____/____
Letter sent: ____/____/____