

# South Lyon Area Youth Assistance

“Strengthening Youth and Families”

1000 N. Lafayette • South Lyon, MI 48178 • 248-573-8189 Fax 248-486-4067

## Tutoring Scholarship Request Form

**Please return the completed application with the following:**

Copy of 1040 of Parent/Guardian (application will not be considered without the proof that the child is claimed on 1040) or a copy of Free and Reduced Lunch Eligibility Letter

**Contact Information:**

Date of submission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

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

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

**Tutor's Information:**

Tutor's Name: \_\_\_\_\_

Tutor's Phone Number: \_\_\_\_\_ Tutor's email address: \_\_\_\_\_

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 the tutoring program guidelines.

Yes, 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 at 248-573-8189.

South Lyon Area Youth Assistance has my permission to contact the tutor to confirm that my child has been receiving tutoring services.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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