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 (application will not be considered without proof child is claimed on 1040)

Brochure, flier, or complete description of the program with dates, costs and sponsoring Agency

**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

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**Household:**

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

**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)**

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

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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.)

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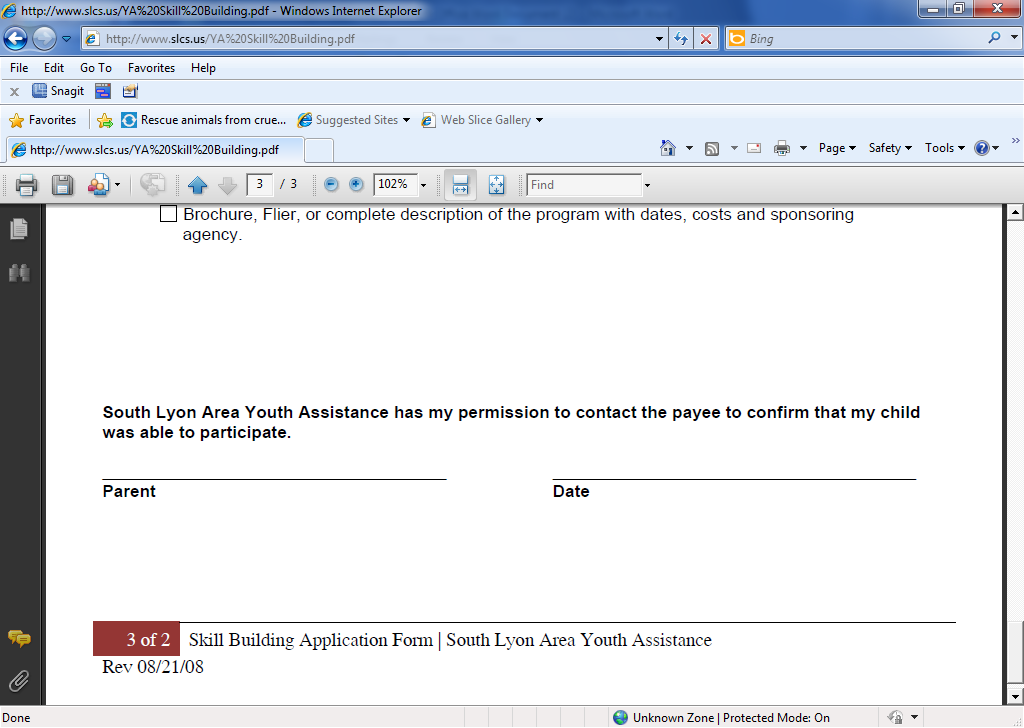
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Upon approval of application, a letter will be sent to the parent/guardian expressing approval. It will include a brief explanation of the Youth Assistance organization and volunteer opportunities, and a request for feedback on the child’s participation 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.



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**Office use only: \_\_\_\_\_\_**

Approval date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Letter sent: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_