

Southfield Youth Assistance
Southfield Education Center
16299 Mt. Vernon
Southfield MI 48075-3123
248-746-7658 FAX 248-746-7302

Scholarship & Skill Building Policy

1. Applicant family must meet HUD financial guidelines regarding income.
2. Applications must be completed in full and have household financial supporting documents attached. These are one of the following: Latest IRS 1040, SSI/Social Security Letter, School Free Lunch letter.
3. Child must be a resident of or attend a school in the City of Southfield or Lathrup Village (public or private). Non-residents must supply school documentation.
4. Only one activity request per application and only one application per child per SYA fiscal year. The maximum grant allowable, per child, is \$300 per SYA fiscal year. However, a second request may be approved on an exception basis for special circumstances and/or if the request is from a caseload family. Scholarships will be limited to participant fees only (excluding uniforms, costumes and other fees attached to the activity). **Submission does not guarantee approval.**
5. A maximum grant allowable, per family, of \$600 per SYA fiscal year.
6. Applicant family must be willing to contribute at least 10% toward cost of activity that grant request is made for. Waived when activity is over \$330 and we are only approving the maximum of \$300. (If activity cost is \$400 family will be paying the \$100 difference, which is higher than 10%, required.)
7. Applicant requesting a grant this year, who was awarded a grant in the previous year, must have submitted an Evaluation Form covering the previous grant. Failure to have received an Evaluation Form is grounds for automatic rejecting of current application.
8. Rejected application resubmissions must be returned to Southfield Youth Assistance be reconsidered.
9. Where feasible, camps, summer school, etc., will utilize facilities inside the Cities of Southfield or Lathrup Village, or within the Southfield School System.
10. Certain requests, i.e., tutoring, summer school, etc., require a letter of recommendation from the child's teacher or counselor and indicate how activity will help child.
11. Applications for summer school will be accepted on a case-by-case basis and only for one school credit.

As with all guidelines exceptions will always arise and will be dealt with on a case-by-case basis. Any request for exception must be discussed with the chairperson of Southfield Youth Assistance prior to approval.



SOUTHFIELD
 Strengthening Families
 Through Community Involvement

Southfield Youth Assistance

“Strengthening Youth and Families”

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Scholarship & Skill Building Request Form

Child Information:

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

Submitter Information:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____
 (No PO Boxes)

Home Phone:_(____)_____ Work Phone:_(____)_____ Cell Phone:_(____)_____

In which municipality are your property taxes paid? (please check one):

Southfield

Lathrup Village

Members of Household:

Race: W=White; AA=Black/African American; A=Asian; NA=American Indian/Alaskan Native;

HP=Native Hawaiian/Pacific Islander; AW=Asian & White; BI=Black/African American & White; H=Hispanic; O=Other Multi-Racial

<u>First & Last Name</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u> See Above for Race type code	<u>If Child, Name of Current School</u>	<u>Last Grade Completed</u> (for all household members)	<u>Adult Work Status</u> FT=Full Time PT=Part Time U=Unemployed H=Homemaker R=Retired

Family Income (please check the total income of all persons living in the household):

\$0-\$14,700	\$24,351-\$27,700	\$37,751-\$43,350
\$14,701-\$18,850	\$27,701-\$31,450	\$43,351-\$50,350
\$18,851-\$24,350	\$31,451-\$37,750	\$50,351 plus

Please answer the following questions:

1. What activity are you seeking assistance with?
 - a. _____
2. What is the cost of the program?
 - a. _____
3. How much are you able to pay toward the cost of the program?
 - a. _____
4. What is the exact name and address of the sponsoring organization to whom the check should be made out to?
 - a. _____
5. How do you think this activity will benefit your child?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

Please return the application with the following:

Brochure, Flier, or complete description of the program with dates, costs and sponsoring agency. **You must attach a copy of the most current IRS 1040, SSI, or other items that show child lives in the household and that verifies family income.**

I certify that I have read the guidelines and that all the above statements are true to the best knowledge and belief. Southfield Youth Assistance has my permission to verify any and all information supplied. Southfield Youth Assistance also has my permission to contact the payee to confirm that my child was able and did participate in the program paid for. All information supplied will be kept in strict confidence.

Parent

Date