



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

Southfield Youth Assistance
 "Strengthening Youth and Families"
Southfield Regional Academic Campus
 21705 Evergreen Road #303
 Southfield, MI 48075
 PHONE: (248) 746-7658

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Website: www.southfieldya.org E-mail: southfielddyouthassistance@gmail.com

2022 Scholarship Application

Child Information:

Child's Name: Birth Date: Age:

Parent/Guardian:

Name: Relationship:

Address: City/Zip:

Home Phone: Cell Phone:

Email Address: Female Head of Household: YES NO

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 / BL=Black/African American & White / H=Hispanic / O=Other-Multi-Racial / NAW=American Indian/Alaskan Native & White / NAB=American Indian/Alaskan Native & Black/African-American / AP=Asian/Pacific Islander

<u>First & Last Name</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u> (See Race Codes Above)	<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):

<u>INCOME LEVEL</u>	<u>2 PERSONS</u>	<u>3 PERSONS</u>	<u>4 PERSONS</u>	<u>5 PERSONS</u>	<u>6 PERSONS</u>	<u>7 PERSONS</u>	<u>8 PERSONS</u>
LOW	\$51,200 \$32,001 ___	\$57,600 \$36,001 ___	\$64,000 \$40,001 ___	\$69,150 \$43,201 ___	\$74,250 \$46,401 ___	\$79,400 \$49,601 ___	\$84,500 \$52,801 ___
VERY LOW	\$32,000 \$19,201 ___	\$36,000 \$21,961 ___	\$40,000 \$26,501 ___	\$43,200 \$31,041 ___	\$46,400 \$35,581 ___	\$49,600 \$40,121 ___	\$52,800 \$44,661 ___
EXTREMELY LOW	\$19,200 Or less ___	\$21,960 Or less ___	\$26,500 Or less ___	\$31,040 Or less ___	\$35,580 Or less ___	\$40,120 Or less ___	\$44,660 Or less ___

APPLICATIONS WILL ONLY BE ACCEPTED BY EMAIL

southfielddyouthassistance@gmail.com

Please answer the following questions:

1. What is the complete address of the sponsoring agency to whom the check should be made out to?

a.

2. What is the name of the activity you are seeking assistance for?

a.

3. What is the cost of the program?

a.

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

a.

5. How do you think this activity will benefit your child?

a.

b.

c.

6. Is your family receiving any other services from Southfield Youth Assistance? If yes, what service.

a.

I certify that I have read and understand the Scholarship/Skill Building Policy. I confirm that all the statements on this application are true. Southfield Youth Assistance has my permission to verify all the information you have provided and to contact the sponsoring agency to confirm that my child fully participated in the activity. I understand that all information I have provided will be kept confidential.

I understand that the scholarship funds are block grant funds that are subject to annual audits. Applications submitted without the outlined financial, dependent and program documents will NOT be processed.

SEE INSTRUCTIONS FOR DETAILS

Parent/Guardian Name (Typed)

Date