



## ENRICHMENT SCHOLARSHIP APPLICATION

(Complete one application per child)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Financial Information

Number of Family Members in Household \_\_\_\_\_

#### **Family Income Range**

Under 14,597

\$14,598 – 19,629

\$19,630 – 24,661

\$24,662 – 29,693

\$29,694 – 34,725

\$34,726 – 39,757

\$39,758 – 44,789

\$44,790 – 49,821

\$49,822 and above

#### **Source of Income**

(Check all that apply)

Wages

Unemployment

Child Support

Social Security

AFDC

Other

### Skill Building Activity

Type of Activity You Are Seeking Assistance with: \_\_\_\_\_

What Benefits Do You Expect From This Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Activity: \_\_\_\_\_ How Often Will Youth Attend? \_\_\_\_\_

Service Provider Contact Person \_\_\_\_\_ Organization's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Funds Requested

Total Cost for Activity \_\_\_\_\_ Amount Family Will Pay \_\_\_\_\_

Amount Available From Other Sources \_\_\_\_\_ Source Name \_\_\_\_\_

Amount Requested of OAYA \_\_\_\_\_

Is there any other information that you feel is important for the committee to consider? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **A Copy of Any Available Written Information About the Activity Must Be Attached. (Brochure, flyer, etc)**

Referral Source Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please return all Completed Application Forms To:

Orion Area Youth Assistance 248-693-6878

455 E. Scripps Road Fax: 248-693-1494

Lake Orion, MI 48360

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Board Approval Date