



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 \$34,726 – 39,757
 \$14,598 – 19,629 \$39,758 – 44,789
 \$19,630 – 24,661 \$44,790 – 49,821
 \$24,662 – 29,693 \$49,822 and above
 \$29,694 – 34,725

Source of Income

(Check all that apply)
 Wages AFDC
 Unemployment Other
 Child Support
 Social Security

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