



ENRICHMENT SCHOLARSHIP APPLICATION (Complete one application per child)
For students who live in Lake Orion School district. School of choice students contact office before submitting application

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 \$43,950 \$63,700 – \$68,100
 \$43,951 – \$49,450 \$68,101 – \$72,500
 \$49,451 – \$54,900 \$72,501 and above
 \$54,901 – \$59,300
 \$59,301 – \$63,700

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
oaya@lok12.org

Parent/Guardian Signature Date

Board Approval Date