SCHOLARSHIP INFORMATION

Scholarship recipients must meet the following criteria:

- Minimum one year of Novi residency with ability to confirm residency. (Driver’s license, state identification, property tax statement or City of Novi water bill)
- Submit proof of income – W2 form (If applicable: unemployment, child support, social security, ADCF)
- The maximum allowable scholarship is 50 percent of a program fee, with a maximum cap of $300 per family per calendar year. Novi Parks, Recreation and Cultural Services reserves the right to adjust the maximum amount based on funding levels.
- The scholarship may be rescinded and restitution of any fees paid if scholarship information is falsified.
- Transportation to and from programs/classes and events, as well as any additional fees associated with the program/class are the responsibility of the scholarship recipient.
- Application and supporting documentation should be returned to:

  City of Novi
  Parks, Recreation and Cultural Services
  45175 Ten Mile Road
  Novi, MI 48375
CITY OF NOVI
PARKS, RECREATION AND CULTURAL SERVICES

SCHOLARSHIP APPLICATION

An application must be filled out for each person applying for a scholarship.

Name of Applicant ___________________________________________ Date __________________________

Address ___________________________________________________ Phone __________________________

Family Size (living in home): ____ people Novi resident for ____ years

Names of everyone residing in the home Ages Relationship to Applicant
______________________________________________________________________  __ __
______________________________________________________________________  __ __
______________________________________________________________________  __ __
______________________________________________________________________  __ __

Wage Verification: Husband $________ Wife $________
Others $________ Pensions $________
Annuities $________

Proof of Residency Proof of Income
(Wages) (Current Year)
W-2s Tax Return W-2s Tax Return
Property Tax Statement State Assistance

Total Gross Household Income $________

Name of individual who would attend the program/activity/event: ______________________________

Program Name: __________________ Program Date: __________ Program Cost: $________

Total amount of scholarship requested: $________

Signature of adult applicant: __________________________ Date: __________________________

A copy of Page 1 of your Federal Income Tax Return form 1040 or other wage documentation (unemployment, child support, social security, ACFD) must be attached. Acceptable combined annual household income established by the U.S. Department of Housing and Urban Development (total persons per household includes children and adults) shown below. Please circle the applicable total.

<table>
<thead>
<tr>
<th>Total Persons Per House</th>
<th>Income Less Than</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>$30,550</td>
</tr>
<tr>
<td>3</td>
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<tr>
<td>4</td>
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<td>7</td>
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<tr>
<td>8</td>
<td>$50,400</td>
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