



Strengthening Families
Through Community Involvement

NOVI YOUTH ASSISTANCE SCHOLARSHIP INFORMATION

The goal of Youth Enrichment is to provide scholarships to a targeted group of youth for activities that would enable them to develop a special talent or interest in which, due to a lack of funds, they would otherwise be unable to participate. These Skill-building scholarships are aimed at expanding the child's horizon, increasing the child's skills, building self-confidence, and enhancing self-esteem.

Scholarship recipients must meet the following criteria:

- Applicant must be resident of Novi one or more years.
- Confirm residency three pieces of proof (Driver's license, state identification, property tax statement, lease agreement or City of Novi water bill).
- Proof of income – complete copy of your Federal Tax 1040, including W2's
- If approved, maximum scholarship is 50% of the program cost. The scholarship will be valid for one month from the date of approval.
- Scholarship may be rescinded and restitution of any fees paid if scholarship information is falsified.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 for the scholarship recipient.
- Scholarships are for children between the ages of 5 up to age 18, scholarships will not be awarded for preschool.
- Scholarship programs are limited, please contact Novi Youth Assistance.
- Return application to:

**Novi Youth Assistance
45175 West Ten Mile Road
Novi, MI 48375
248-347-0410**



SCHOLARSHIP APPLICATION FORM 2017-2018



Note: All forms must be submitted and completed 2-3 weeks prior to activity for consideration.

Date: _____

Child's Name: _____ Parent's Name: _____

Address: _____ Phone/Home: _____

City, State, Zip: _____ Work/Cell: _____

Child's Date of Birth: _____ Age _____ Child's School: _____

Number of Family in Household Adults _____ Youth _____

Total Gross Income for the year: \$ _____

ACTIVITY INFORMATION

Name of Activity: _____ Dates of Activity: _____

Location of Activity: _____ How did you hear of scholarship? _____

Why is the child attending this program? _____

Has your child received a skill building scholarship from Novi Youth Assistance the past? _____

If so, when? _____ Name of the program? _____

Any other information that you feel is important for the Committee to consider? _____

Cost of the program: \$ _____ Amount you are able to pay: \$ _____

Please submit the COPIES of the following documentation:

- Proof of Total Income for the year (1040 Tax Return, including all W-2's)
- Flyer/Brochure for the activity (showing cost, location and dates)
- Proof of Residency

***NOTE: All forms must be submitted and completed 2-3 weeks prior**

For Office Use Only:

Date Received:

Accepted

Denied

Date Closed:

Oakland County Youth Assistance Application

Youth Assistance uses Community Development Block Grant funds to offset the cost of some of its programs. In order to be eligible for these funds, your family must income qualify according to current HUD section 8 income guidelines listed below. Count the income of all adults 18 years of age and older who reside in your house. Please complete this form.

Circle the number of people in your household (adults and children). On the same line, circle your income level. If you're the income level exceeds persons per household you are not eligible for a scholarship.

Persons Per Household	Extremely Low Income	Very Low Income	Low Income
1	\$14,900	\$24,850	\$39,700
2	\$17,000	\$28,400	\$45,400
3	\$20,780	\$31,950	\$51,050
4	\$25,100	\$35,450	\$56,700
5	\$29,420	\$38,300	\$61,250
6	\$33,740	\$41,150	\$65,800
7	\$38,060	\$44,000	\$70,350
8	\$42,380	\$46,800	\$74,850

4/2018

List people living in household:

1. _____ Age _____ School _____
2. _____ Age _____ School _____
3. _____ Age _____ School _____
4. _____ Age _____ School _____
5. _____ Age _____ School _____

Signature of Adult Household Member

Print Name of Household Member

Street Address

City, State, and Zip Code

Phone Number

Work or Cell Number

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