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|-------------------------|
| Office Use Only |
| Date Received: _____ |
| Accepted / Denied _____ |
| Date Closed: _____ |

SCHOLARSHIP APPLICATION FORM

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

Date: _____

| Participant Information | | | | | | |
|---|---------------|-------|--------------|-----------------|------------------|-------|
| Name: _____ | | | | | Gender: _____ | |
| Birthdate: _____ | School: _____ | | Grade: _____ | | | |
| Race (circle one; two if multi-racial): | White | Black | Asian | American Indian | Pacific Islander | Other |
| Ethnicity (circle one): | Hispanic | | Non-Hispanic | | | |

| Guardian Information | |
|------------------------------------|--------------|
| Name: _____ | Phone: _____ |
| Relationship to Participant: _____ | Email: _____ |

| Household Information | | |
|--|---------------|--------------|
| Address: _____ | | |
| Number of Family Members in Household: _____ | Adults: _____ | Youth: _____ |
| Female Head of Household? _____ | Yes: _____ | No: _____ |
| Total Gross Annual Income: _____ | | |

| Activity Information | |
|--|-----------------------------------|
| Name of Activity: _____ | |
| Sponsoring Agency (who the check should be made payable to): _____ | |
| Dates: _____ | Location: _____ |
| Why is the child attending the program? _____ | |
| _____ | |
| Total Program Cost: _____ | Amount you are able to pay: _____ |

How did you hear about the scholarship? _____

Scholarships received from Novi Youth Assistance in the past? _____

Other information that you feel is important for the Scholarship Committee to consider: _____

The probate court is an Equal Opportunity Employer. The Probate Court for the County of Oakland does not discriminate on the basis of disability in admission or access to its programs, activities, or services as required by Title II of the Americans with Disabilities Act of 1990.

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. Circle the number of people in your household (adults and children combined). On the same line, circle your income level. If your 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 | \$16,050 | \$26,750 | \$42,750 |
| 2 | \$18,350 | \$30,550 | \$48,850 |
| 3 | \$21,330 | \$34,350 | \$54,950 |
| 4 | \$25,750 | \$38,150 | \$61,050 |
| 5 | \$30,170 | \$41,250 | \$65,950 |
| 6 | \$34,590 | \$44,300 | \$70,850 |
| 7 | \$39,010 | \$47,350 | \$75,750 |
| 8 | \$43,430 | \$50,400 | \$80,600 |

6/2019

List people living in household:

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

Affadavit

APPLICANTS CERTIFICATION: The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of obtaining funds for above mentioned child/program, and that these statements are true to the best of the applicants knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

Signature of Adult Household Member

Date

Return application along with residency, income, and program documentation to:

Novi Youth Assistance

45175 Ten Mile Road | Novi, MI 48375 USA
t: 248.347.0413 | f: 248.347.0552 | nya@cityofnovi.org