



**CITY OF NOVI  
PARKS, RECREATION AND CULTURAL SERVICES**

**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- The scholarship may be rescinded and restitution of any fees paid if scholarship information is falsified.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



cityofnovi.org

**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	\$ _____	<u>Proof of Residency</u>	<u>Proof of Income</u>
	Wife	\$ _____	(Current & Previous Year)	(Current Year)
	Others	\$ _____	___ W-2s	___ W-2s
	Pensions	\$ _____	___ Tax Return	___ Tax Return
	Annuities	\$ _____	___ Property Tax Statement	___ State Assistance
<b>Total Gross Household Income</b>	<b>\$ _____</b>			

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, ADCF) 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.

<b>Total Persons Per Household</b>	<b>Income Less Than</b>
2	\$38,400
3	\$43,200
4	\$47,950
5	\$51,800
6	\$55,650
7	\$59,500
8	\$63,300