



Clarkston Area

Strengthening Families
Through Community Involvement

CLARKSTON AREA YOUTH ASSISTANCE VIRGINIA WALTERS SCHOLARSHIP INFORMATION

As part of our mission to strengthen youth and families through community involvement, the goal of *Skill Building* is to provide scholarships to 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 to expand the child's horizon, increase the child's skills, build self-confidence, and enhance self-esteem.

Scholarship recipients must meet the following criteria:

- Must reside in the Clarkston Community School District.
- Scholarships are for children between the ages of 5 to 17.
- **Application, Income Verification form, and required documents** (see application form for required documents) **must be completed and signed in order to be considered.** If information is falsified then the scholarship may be rescinded.
- 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 (including uniforms).
- Return application to:

Clarkston Area Youth Assistance
5565 Pine Knob Lane
Clarkston, MI 48346
(P) 248-623-4313
(F) 248-623-4598



VIRGINIA WALTERS SCHOLARSHIP APPLICATION FORM 2020



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

Child's Name: _____ Parent/Guardian Name: _____

Address: _____ Phone/Home: _____

City, State, Zip: _____ Cell Phone: _____

Circle area of residency: Independence Township The City of the Village of Clarkston Springfield Township

Male / Female * Race/Ethnicity _____ Child's Date of Birth: _____ Age _____

Child's School: _____ Present Grade _____

Number of Family in Household Adults _____ Youth _____

Total Gross Income for the year: \$ _____ * Female Head of Household Yes / No

ACTIVITY INFORMATION

Name of Activity: _____ Dates of Activity: _____

Location of Activity: _____ Number of Sessions: _____

Why is the child attending this program? _____

Has your child received a Skill Building Scholarship from Clarkston Area Youth Assistance in 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: \$ _____

The following documents MUST be submitted with application:

- Proof of Total Income with previous 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 to activity for consideration.

For Office Use Only:

Date Received: _____

Date Accepted: _____ Denied: _____

NOTES:

* Needed for Federal Grant Determination

Oakland County Youth Assistance Income Verification Form

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 and complete this form.

Circle the number of people in your household (adults and children). 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	\$69,950
6	\$34,590	\$44,300	\$70,850
7	\$39,010	\$47,350	\$75,750
8	\$43,430	\$50,400	\$80,600

7/2019

List people living in household:

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

I hereby certify that all information given is true including annual income and I give my consent for my child to participate in the activity listed on this application.

Signature of Adult Household Member

Print Name of Household Member

Street Address

City, State, and Zip Code

Phone Number

Work or Cell Number

**Clarkston Area Youth Assistance
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Clarkston, MI 48346
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