



## NOVI YOUTH ASSISTANCE SCHOLARSHIP INFORMATION

The goal of the Camp/Skill-Building Scholarship Program is to provide scholarships to a targeted group of youth for activities that would enable them to develop a skill, talent, or interest. These skill-building scholarships are aimed at expanding the child's horizon, increasing the child's skills, building self-confidence, and enhancing self-esteem.

### **To be eligible, these criteria must be met:**

- Age 18 and under
- Novi resident
  - Must have been a resident of Novi for 1+ years
- Income eligible according to current HUD guidelines (see chart on page 2 of application)

### **The following documentation must be submitted:**

- Proof of residency with copies of 3 of the following 5 pieces of identification:
  - Driver's license
  - State ID
  - Property tax statement
  - Lease agreement
  - City of Novi water bill
- Proof of income eligibility showing dependents
  - Copy of Federal Tax Form 1040 from previous year
- Flyer/brochure for the activity showing cost, location, and dates

### **Other information:**

- Once eligibility is verified, the scholarship request must be approved by NYA's scholarship committee.
- If approved, the parent will receive an acceptance letter and a check will be mailed directly to the activity sponsor.
- It is best to apply for a scholarship at least three weeks prior to when program payment is needed.
- If approved, scholarship is generally 50% of the program cost.
- Scholarship may be rescinded and restitution of any fees paid will be collected if scholarship information is falsified.
- Transportation to and from program, as well as any additional fees associated with the program are the responsibility of the scholarship recipient's parent/guardian.
- Scholarship funds are limited.



<b>Office Use Only</b>
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: \_\_\_\_\_

\_\_\_\_\_

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.

<b>Persons Per Household</b>	<b>Extremely Low Income</b>	<b>Very Low Income</b>	<b>Low Income</b>
1	\$19,900	\$33,150	\$53,050
2	\$22,750	\$37,900	\$60,600
3	\$25,600	\$42,650	\$68,200
4	\$28,400	\$47,350	\$75,750
5	\$30,700	\$51,150	\$81,850
6	\$32,950	\$54,950	\$87,900
7	\$35,250	\$58,750	\$93,950
8	\$37,500	\$62,550	\$100,000

6/15/2023

**List people living in household:**

1. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_
5. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_
6. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Affidavit**

**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 applicant's 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**

24062 Taft Road | Novi, MI 48375 USA

Phone: 248.675.3089 | [carrie.reichley@novik12.org](mailto:carrie.reichley@novik12.org)