



## 2025 Skill Building / Camp Scholarship Application Process

Application valid March 1<sup>st</sup> of current calendar year – February 28<sup>th</sup> of upcoming calendar year

PLEASE COMPLETE ONE FULL APPLICATION (Pages 1 & 2) PER STUDENT

The goal of Youth Enrichment is to provide scholarships to a targeted group of youth for activities/camps 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/Camp scholarships are aimed at expanding the child's horizon, increasing the child's skills, building self-confidence, and enhancing self-esteem.

**Complete the entire application and submit with a copy of the first page of your 2024 Federal Income Tax Return (please remove all Social Security numbers) and a copy of the Approval Letter received for Free/Reduced Meals for the 24-25 school year (located in your email and on your Skyward account) in order for your child to be considered.**

Please indicate if this is a: Skill Building Application ☐ or a Camp Application ☐

- Applicants must reside within the Walled Lake Consolidated School District area.
- Submit scholarship application forms to LAYA. Scholarships will be processed in the order they are received. **Applications must be completed and returned to the LAYA office no later than 2 weeks prior to the activity registration deadline.**
- Family is required to contribute 30% of the total cost of the Skill Building class or camp fees per application per child. The maximum amount of Skill Building scholarships provided by LAYA is \$200 per child per calendar year and the maximum amount of Camp scholarships provided by LAYA is \$165 per child per calendar year (must meet financial guidelines).
- Parents choose a Skill Building program/Camp for their child, secure placement and insure all required forms are submitted.

*I have read and understand the guidelines of receiving a LAYA Skill Building/Camp Scholarship and I hereby certify that all information given is true and give my consent for my child to receive a Skill Building or Camp scholarship for the event he/she has chosen. I also give permission to Lakes Area Youth Assistance to release any information necessary in referring my child to a program or camp.*

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Printed Name

**The application must be completely filled out for the child to be approved for scholarship.**

Oakland County 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. Oakland County is an Equal Employment Opportunity Employer.



## 2025 SKILL BUILDING / CAMP SCHOLARSHIP APPLICATION

Complete the entire application, and submit with a copy of the first page of your 2024 Federal Income Tax Return (please remove Social Security numbers) and the 24-25 Free/Reduced Meal approval letter (if applicable) attached for your child to be considered.

PLEASE RETURN THIS APPLICATION TO: LAYA, 850 Ladd Rd., Building D, Walled Lake, MI 48390  
or Email: [LAYA@wlcsl.org](mailto:LAYA@wlcsl.org), Phone: 248-956-5070

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First)

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M or F

School Child Attends: \_\_\_\_\_ Grade during 2024-25 school year \_\_\_\_\_

Child receives free or reduced lunch? Yes \_\_\_ No \_\_\_

Have you ever received services from Youth Assistance? Casework: Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_

Skill Building: Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_ Camp: Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_

### ACTIVITY INFORMATION

Name of Activity: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Total cost of the program or amount \$ \_\_\_\_\_  
you are requesting (not to exceed \$200  
for Skill Building or \$165 for camp)

**\*\* Minus Participant's portion – \$ \_\_\_\_\_**  
**(30% of the total program/camp cost)**

Amount of LAYA payment: \$ \_\_\_\_\_

Who should the check be made out to?  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Please submit COPIES of the following documentation:**

- ☐ First page of 2024 1040 Federal Income Tax Return (remove all Social Security numbers).
- ☐ Approval Letter received for Free/Reduced Meals for 2024-25 school year (found in your email and on your Skyward account).
- ☐ Flyer/Brochure for the program or camp (showing cost, location and dates)

**\*NOTE: All forms must be completed and submitted 2 weeks prior to activity for consideration.**

### **Return application to:**

LAYA  
850 Ladd Rd., Bldg. D, Walled Lake, MI 48390  
Phone: 248-956-5070  
Email: [LAYA@wlcsl.org](mailto:LAYA@wlcsl.org)

**If all required documentation is not received at the same time, the application will be declined for processing.**

### Office Use only

Caseload/Previous Caseload Free/Reduced Meals: Y N Tax Forms: Y N Approved: Y N Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_