



2024 SKILL BUILDING / CAMP SCHOLARSHIP APPLICATION

Complete the entire application, and submit with a copy of the first page of your 2022 Federal Income Tax Return (please remove Social Security numbers) and the 23-24 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@wlcsd.org
Phone: 248-956-5070

Date: _____ Parent's Name: _____
Child's Name: _____ Email Address: _____
(Last) (First) Phone: Home _____
Work _____
Cell _____
Address: _____ Emergency Contact Name: _____
City, State, Zip: _____ Emergency Phone Number: _____

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

School Child Attends: _____ Grade during 2023-24 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 2023 1040 Federal Income Tax Return (remove all Social Security numbers).
- Approval Letter received for Free/Reduced Meals for 2023-24 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@wlcsd.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: _____