



TROY YOUTH ASSISTANCE

4420 Livernois Rd., Troy, MI 48098
TroyYouthAssistance@troy.k12.mi.us

APPLICATION FOR FINANCIAL ASSISTANCE 2021

PLEASE NOTE: If the application is to be considered, all information must be as accurate and specific as possible.

Name of Child _____ Age _____

School _____ Grade _____

Name of Parent(s) or Guardian _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____ Parent Occupation(s) _____

Date Application Submitted _____

THE FOLLOWING INFORMATION MUST BE FILLED OUT AS COMPLETELY AS POSSIBLE:

Family Size: (Please only include Family members actually living at the above address) _____

The following information is needed for statistical and reporting purposes only. It is not used to determine financial support from Troy Youth Assistance. Please check appropriate line:

American Indian _____ Asian _____ Black _____ Hispanic _____ White _____ Other _____

Source of Income: Please select one or provide explanation of Other.

Employment _____ Public Assistance _____ Social Security _____ Other _____

Annual Family Income Range: (Include all and any income earned by all family members.)

___ Under \$19,240 _____ \$39,221-45,880

___ \$19,241-25,900 _____ \$45,881-52,540

___ \$25,901-32,560 _____ \$52,541-59,200

___ \$32,561-39,220 _____ \$59,201-65,860

Any additional information regarding income we should be aware of? _____

Camp/Skill Building funds designated for either camp experiences or first-time skill building activities. These funds are not to be used for outside therapy subsidies.

APPLICATION FOR FINANCIAL ASSISTANCE 2021

Describe Activity to be funded

HOW LONG WILL THE CHILD BE ENGAGED IN THE ACTIVITY? Start date _____ End date _____

Number of hours per session _____ Number of days per week _____ Number of weeks _____

Total cost of the activity _____ Contribution of family _____ Dollar amount requested _____

How will this activity benefit your child?

Name of organization to make check payable to _____

Mailing Address to send check to _____

City _____ State _____ Zip Code _____

Phone Number of Agency _____ Contact Person _____

Parent/Guardian Signature _____ Date _____

TO SUBMIT APPLICATION:

1. PLEASE SAVE A COPY OF THIS COMPLETED FORM

2. PROVIDE PROOF OF INCOME (1040 FEDERAL INCOME TAX OR SOCIAL SECURITY LETTER OR DHS LETTER)

3. RETURN APPLICATION & INCOME PROOF TO TROY YOUTH ASSISTANCE:

EMAIL: TroyYouthAssistance@troy.k12.mi.us

or DROP OFF / MAIL PAPER COPIES: 4420 Livernois Rd., Troy 48098

ANY QUESTIONS PLEASE CALL 248-823-5095 OR EMAIL TroyYouthAssistance@troy.k12.mi.us

Camp/Skill Building funds are designated for either camp experiences or first-time skill building activities. These funds are not to be used for outside therapy subsidies.