



TROY YOUTH ASSISTANCE

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

APPLICATION FOR FINANCIAL ASSISTANCE 2022

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 _____

Email 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.

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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 USING ONE OF THESE DOCUMENTS:

1040 Federal Income Tax, Social Security Letter, DHS Letter, TSD Free & Reduced Meals Approval Letter

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

Email: TroyYouthAssistance@troy.k12.mi.us

or Drop Off / Mail Paper Copies: 4420 Livernois Road, Troy 48098

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

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