



# TROY YOUTH ASSISTANCE

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

## APPLICATION FOR FINANCIAL ASSISTANCE

**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.*

## APPLICATION FOR FINANCIAL ASSISTANCE

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**

*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.*