



# TROY YOUTH ASSISTANCE

4420 Livernois  
Troy, MI 48098

## APPLICATION FOR FINANCIAL ASSISTANCE 2019

**PLEASE NOTE:** If the application is to be considered, it is necessary that all information 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 \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Parent Occupation(s) \_\_\_\_\_

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

**Family Size** – Circle Family Size (Including adults and children) 1 2 3 4 5 6 7 8 More than 8  
If more than 8, please indicate total number in family \_\_\_\_\_

Please only include Number of Family members actually living at the above address.

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

AMERICAN INDIAN \_\_\_\_\_ ASIAN \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ WHITE \_\_\_\_\_ OTHER \_\_\_\_\_

**Source of Income:** (Please circle 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/SkillBuilding 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 2019**

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 \_\_\_\_\_

Street Address to send check to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number of Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

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

**PLEASE RETURN THIS FORM WITH PROOF OF INCOME (1040 FEDERAL INCOME TAX OR SOCIAL SECURITY LETTER OR DHS LETTER) TO THE TROY YOUTH ASSISTANCE OFFICE:**

**4420 Livernois  
Troy, MI 48098**

**ANY QUESTIONS, PLEASE CALL 248-823-5095**

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