TROY YOUTH ASSISTANCE
4420 Livernois Road, Troy, MI 48098
TroyYouthAssistance@troy.k12.mi.us 248-823-5095

CAMP / SKILL BUILDING SCHOLARSHIP GUIDELINES

Who is Eligible?

- Must attend school in the Troy School District or reside in Troy.
- Must be under age 18.
- Families must demonstrate financial need and provide proof of income.

What's Covered?

- Fees for sports, dance, gymnastics, scouts, clubs, class trips, camps, driver's education, etc.
- Lessons for art, music, dance, sports, martial arts, or other special interests.
- Families are expected to cover a portion of the activity's cost.
- Scholarship funds are limited.
- Maximum scholarship is $300 per school year.

What's Not Covered?

- Scholarship requests for activities that the Troy School District provides at little to no cost to families such as tutoring may be denied and applicants redirected to a similar TSD provided support, if available.
- Childcare
- Outside Therapy Services
- Applications submitted after the activity begins.

How to Apply?

- Application must be submitted ***before*** the activity begins.
- Complete one application per youth.
- Fill out the application completely.
- **Submit proof of income**: Most recent Federal Income Tax Form 1040 with SS# blocked out OR current Troy School District Free/Reduced Meals Approval Letter.
- **Submit information about the activity** showing the cost, location, and dates: can be a flyer, brochure, or website link.
- Allow 2 weeks for application to be processed.

Return application with required documents (proof of income AND activity information) to Troy Youth Assistance

- via email TroyYouthAssistance@troy.k12.mi.us
- or drop off / mail paper copies to our office at 4420 Livernois Rd., Troy 48098

Questions?

Email or call Troy Youth Assistance at TroyYouthAssistance@troy.k12.mi.us or 248-823-5095

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CAMP / SKILL BUILDING SCHOLARSHIP APPLICATION

Participant Information

Youth's Name: _____ Gender: _____

Birthdate: _____ School: _____ Grade: _____

Address: _____

Guardian Information

Guardian's Name: _____ Phone: _____

Relationship to Youth: _____ Email Address: _____

Financial Information

Number of Family Members in the Household: Adults: _____ Youth: _____

Total Gross Annual Family Income: _____

Does Youth receive Troy School District Approved Free/Reduced Meals? Yes: _____ No: _____

Activity Information

Name of Activity: _____

How will this activity benefit your child? _____

_____

Date Activity Begins: _____ Date Activity Ends: _____

Frequency of Activity: _____

Organization: _____

Contact Person: _____ Phone: _____

Mailing Address for Check: _____

Funds Requested

Total Activity Cost: _____ Amount Family Will Pay: _____ Amount Requested: _____

Is there any other information that you feel is important for the committee to consider? _____

_____

Guardian Signature: _____ Date Submitted: _____