

APPLICATION FOR FINANCIAL ASSISTANCE 2016

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