

TROY YOUTH ASSISTANCE

4420 Livernois Troy, MI 48098

APPLICATION FOR FINANCIAL ASSISTANCE 2017

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	chool Grade					
Name of Parent(s) or	Guardian					
Street Address			City	/		Zip
Home Phone	Ce	Cell Phone			Work Phone	
Parent Occupation(s)					
THE FOLLOWING I	NFORMATION MUS	T BE FILLED (OUT AS	S COMPL	ETELY AS PO	SSIBLE:
If more than 8, pleas Please only include N The following informa	Family Size (Including indicate total number of Family mention is needed for state upport from Troy you	er in family mbers actually atistical and rep	living a	it the abov	ve address.	
AMERICAN INDIAN_	ASIAN	BLACK	Hisi	PANIC	WHITE	OTHER
Source of Income: (Please circle one or p	orovide explan	ation of	Other)		
Employment	Public Assistance	Social Secu	rity	Other .		
ANNUAL FAMILY INCO	ME RANGE: (Include	all and any inc	ome ea	rned by a	II family membe	ers.)
Under \$19,240		\$39,221-4	5,880			
\$19,241-25,900)	\$45,881-5	2,540			
\$25,901-32,560		\$52,541-5	9,200			
\$32,561-39,220		\$59,201-6	5,860			
Any additional inform	ation regarding incon	ne we should b	oe awar	e 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.

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HOW LONG WILL THE CHILD BE EN	IGAGED 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 yo	ur child?		
Name of organization to make	check payable to		
Street Address to send check t	 to		
City	State	Zip Code	
Phone Number of Agency	Contact Pers	Contact Person	

ANY QUESTIONS, PLEASE CALL 248-823-5095

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