



# CLARKSTON AREA YOUTH ASSISTANCE VIRGINIA WALTERS SCHOLARSHIP INFORMATION

As part of our mission to strengthen youth and families through community involvement, the goal of *Skill Building* is to provide scholarships to youth for activities that would enable them to develop a special talent or interest in which, due to a lack of funds, they would otherwise be unable to participate. These skill-building scholarships are to expand the child's horizon, increase the child's skills, build self-confidence, and enhance self-esteem.

## **Scholarship recipients must meet the following criteria:**

- Must reside in the Clarkston Community School District.
- Scholarships are for children between the ages of 5 to 17.
- **Application, Income Verification form, and required documents** (see application form for required documents) **must be completed and signed in order to be considered.** If any information is falsified, then the scholarship may be rescinded.
- Transportation to and from programs/classes and events, as well as any additional fees associated with the program/class are the responsibility of the scholarship recipient (including uniforms).
- Return application to:

**Clarkston Area Youth Assistance  
5565 Pine Knob Lane  
Clarkston, MI 48346  
(P) 248-623-4313  
(F) 248-623-4598**



# VIRGINIA WALTERS SCHOLARSHIP APPLICATION FORM 2024-2025

**Note: All forms must be submitted and completed  
2-3 weeks PRIOR to start of activity for consideration.**

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Area of residency:  Independence Twp  The City of the Village of Clarkston  Springfield Twp

Male  Female \* Race/Ethnicity \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's School: \_\_\_\_\_ Present Grade \_\_\_\_\_ Age \_\_\_\_\_

Number of Family in Household: Adults \_\_\_\_\_ Youth \_\_\_\_\_

Total Gross Income for the year: \$ \_\_\_\_\_ \* Female Head of Household  Yes  No

## **ACTIVITY INFORMATION**

Name of Activity: \_\_\_\_\_ Dates of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

Why is the child attending this program? \_\_\_\_\_

Has your child received a Skill Building Scholarship from Clarkston Area Youth Assistance in the past? \_\_\_\_\_

If so, when? \_\_\_\_\_ Name of the program? \_\_\_\_\_

Any other information that you feel is important for the Committee to consider? \_\_\_\_\_

Cost of the program: \$ \_\_\_\_\_ Amount you are able to pay: \$ \_\_\_\_\_

The following documents **MUST** be submitted with application:

- **Proof of Total Income with previous year 1040 Tax Return, including all W-2s**
- **Flyer/Brochure for the activity (showing cost, location and dates)**
- **Proof of Residency**

### **For Office Use Only:**

Date Received: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Denied: \_\_\_\_\_

NOTES: \_\_\_\_\_

\* Needed for Federal Grant Determination



**Clarkston Area**  
 Strengthening Families  
 Through Community Involvement

## Oakland County Youth Assistance Income Verification Form

Youth Assistance uses Community Development Block Grant funds to offset the cost of some of its programs. To be eligible for these funds, your family must income-qualify according to current HUD section 8 Income Guidelines listed below. Count the income of all adults 18 years of age and older who reside in your house and complete this form.

Circle the number of people in your household (adults and children). On the same line, circle your income level. If your income level exceeds the number of people per household, you are not eligible for a scholarship.

Persons Per Household	Extremely Low Income	Very Low Income	Low Income
1	\$20,150	\$33,600	\$53,700
2	\$23,000	\$38,400	\$61,400
3	\$25,900	\$43,200	\$69,050
4	\$28,750	\$47,950	\$76,700
5	\$31,050	\$51,800	\$82,850
6	\$33,350	\$55,650	\$89,000
7	\$35,650	\$59,500	\$95,150
8	\$37,950	\$63,300	\$101,250

6/1/2024

**List people living in household (including adults):**

1. _____	<b>Age</b> _____	<b>School</b> _____	
2. _____	<b>Age</b> _____	<b>School</b> _____	
3. _____	<b>Age</b> _____	<b>School</b> _____	
4. _____	<b>Age</b> _____	<b>School</b> _____	
5. _____	<b>Age</b> _____	<b>School</b> _____	
6. _____	<b>Age</b> _____	<b>School</b> _____	
7. _____	<b>Age</b> _____	<b>School</b> _____	

I hereby certify that all information given is true including annual income and I give my consent for my child to participate in the activity listed on this application.

\_\_\_\_\_  
 Signature of Adult Household Member

\_\_\_\_\_  
 Print Name of Household Member

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State and Zip

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Work/Cell Number