



Strengthening Families
Through Community Involvement

NOVI YOUTH ASSISTANCE SCHOLARSHIP INFORMATION

The goal of the Camp/Skill-Building Scholarship Program is to provide scholarships to a targeted group of youth for activities that would enable them to develop a skill, talent, or interest. These skill-building scholarships are aimed at expanding the child's horizon, increasing the child's skills, building self-confidence, and enhancing self-esteem.

To be eligible, these criteria must be met:

- Age 18 and under
- Novi resident
 - Must have been a resident of Novi for 1+ years
- Income eligible according to current HUD guidelines (see chart on page 2 of application)

The following documentation must be submitted:

- Proof of residency with copies of 3 of the following 5 pieces of identification:
 - Driver's license
 - State ID
 - Property tax statement
 - Lease agreement
 - City of Novi water bill
- Proof of income eligibility showing dependents
 - Copy of Federal Tax Form 1040 from previous year
- Flyer/brochure for the activity showing cost, location, and dates

Other information:

- Once eligibility is verified, the scholarship request must be approved by NYA's scholarship committee.
- If approved, the parent will receive an acceptance letter and a check will be mailed directly to the activity sponsor.
- It is best to apply for a scholarship at least three weeks prior to when program payment is needed.
- If approved, scholarship is generally 50% of the program cost.
- Scholarship may be rescinded and restitution of any fees paid will be collected if scholarship information is falsified.
- Transportation to and from program, as well as any additional fees associated with the program are the responsibility of the scholarship recipient's parent/guardian.
- Scholarship funds are limited.



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Office Use Only

Date Received: _____

Accepted / Denied _____

Date Closed: _____

SCHOLARSHIP APPLICATION FORM

*Note: All forms must be submitted and completed 3 weeks prior to activity for consideration. *

Date: _____

Participant Information

Name: _____ Gender: _____

Birthdate: _____ School: _____ Grade: _____

Race (circle one; two if multi-racial): White Black Asian American Indian Pacific Islander Other

Ethnicity (circle one): Hispanic Non-Hispanic

Guardian Information

Name: _____ Phone: _____

Relationship to Participant: _____ Email: _____

Household Information

Address: _____

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

Female Head of Household? Yes: _____ No: _____

Total Gross Annual Income: _____

Activity Information

Name of Activity: _____

Sponsoring Agency (who the check should be made payable to): _____

Dates: _____ Location: _____

Why is the child attending the program? _____

Total Program Cost: _____ Amount you are able to pay: _____

How did you hear about the scholarship? _____

Scholarships received from Novi Youth Assistance in the past? _____

Other information that you feel is important for the Scholarship Committee to consider: _____

Youth Assistance uses Community Development Block Grant funds to offset the cost of some of its programs. In order 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. Circle the number of people in your household (adults and children combined). On the same line, circle your income level. If your income level exceeds persons per household, you are not eligible for a scholarship.

Persons Per Household	Extremely Low Income	Very Low Income	Low Income
1	\$22,050	\$36,700	\$58,700
2	\$25,200	\$41,950	\$67,100
3	\$28,350	\$47,200	\$75,500
4	\$31,450	\$52,400	\$83,850
5	\$34,000	\$56,600	\$90,600
6	\$36,500	\$60,800	\$97,300
7	\$39,000	\$65,000	\$104,000
8	\$41,550	\$69,200	\$110,700

(Effective 6/1/2026)

List people living in household:

1. _____ Age _____ School _____
2. _____ Age _____ School _____
3. _____ Age _____ School _____
4. _____ Age _____ School _____
5. _____ Age _____ School _____
6. _____ Age _____ School _____

Affidavit

APPLICANTS CERTIFICATION: The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of obtaining funds for above mentioned child/program, and that these statements are true to the best of the applicant's knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

Signature of Adult Household Member

Date

Return application along with residency, income, and program documentation to:

Novi Youth Assistance

24062 Taft Road | Novi, MI 48375 USA

Phone: 248.675.2811 | carrie.reichley@novik12.org