

South Lyon Area Youth Assistance

“Strengthening Youth and Families”

1000 N. Lafayette • South Lyon, MI 48178 • 248-573-8189 • FAX 248-486-4067

Tutoring Scholarship Request Form

Please return the completed application with the following:

- Copy of 1040 of Parent/Guardian. Please block out social security numbers.
- OR
- Copy of Free and Reduced Lunch Eligibility Letter
(application will not be considered without the proof that the child is claimed on 1040)

Contact Information:

Date of submission: ____/____/____

Child's Name: _____ Birth Date: ____/____/____ Age: _____

Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

In which municipality is your property tax paid? (please check one):

- Commerce Township Green Oak Township Lyon Township Milford Novi
- Northfield Township Salem Township South Lyon Wixom

Household:

<u>First and Last Name</u>	<u>Age</u>	<u>Sex</u>	<u>Ethnicity:</u> H=Hispanic N= Non-Hispanic	<u>Race:</u> W=White AA=African American H=Hispanic A=Asian NA=Native American BI=Biracial	<u>School Name</u>	<u>Last grade completed</u>	<u>Adult Work Status</u> FT=Full Time PT=Part Time U=Unemployed H=Homemaker R=Retired

Are you a female head of household? Yes No (Female Head of Household defined as adult female with no male significant other with dependents.)

Tutor's Information:

Tutor's Name: _____

Tutor's Phone Number: _____ Tutor's email address: _____

Upon approval of application, a letter will be sent to the parent/guardian expressing approval. It will include a brief explanation of the Youth Assistance organization and the tutoring program guidelines.

Yes, I would be interested in volunteering at a Youth Assistance activity. Please contact me.

If you have questions regarding your application, please contact the Youth Assistance office directly at 248-573-8189 or email slayasecretary@gmail.com.

South Lyon Area Youth Assistance has my permission to contact the tutor to confirm that my child has been receiving tutoring services.

Parent Signature

Date

Office use only: _____
Approval date: ____/____/____
Letter sent: ____/____/____