List of Changes to 2019 Camp Scholarship Application Process

PLEASE READ CAREFULLY

As of March 13, 2019, Lakes Area Youth Assistance:

- Will no longer be responsible for choosing a camp for your child to attend. It will be the parent’s responsibility to choose a camp for their child.
  *** A list of Summer Camps provided by WLCSD Community Ed. can be found in the Community Ed. Spring/Summer booklet, or online at http://wlcsd.org/our-district/community-education-programs/

- Will no longer have a deadline for applications to be turned in. Scholarship applications will be approved as they come in, and will be accepted March-August as funding allows.

- Can provide up to $165 towards camp fees, per child, for those that meet our financial guidelines.
2019 DAY CAMP SCHOLARSHIP APPLICATION

Complete the entire application, including pages 3 and 4, with a COPY OF 2018 TAXES attached for your child to be considered.

PLEASE RETURN THIS APPLICATION TO:  LAYA, 850 Ladd Rd., Building D, Walled Lake, MI 48390
Fax: 248-956-5075 or email:  LAYA@wicsd.org

Child’s Name________________________________________________ Sex: M or F  Age______
(Last) (First)
Address______________________________________________________________________________
   Street (City taxes are paid in) Zip
Birthdate____________________  Present grade (2019)___________
Home Phone___________________  School Child Attends: ________________________________
Parent/Guardian Name______________________________________________________________Work Phone__________________
Address______________________________________________________________________________  Cell Phone___________________
Alternate Emergency Contact Name & Phone______________________________________________

Have you ever received services from Youth Assistance?  Casework: Yes___ No ___
   Skill Building: Yes___ No ___

What Day Camp are you interested in for your child? (Must List Camp Name, Fee, and Where Check Should Be Made Out To)

________________________________________

FAMILY FINANCIAL INFORMATION:

Total family size: _______  Number of adults_______  Number of children_______

Single Parent ___ Yes ___ No ___  If a single parent, child lives with: ___Mom ___Dad
Circle the figure that is closest to your family’s **total gross income for 2018**. Total family gross income is wages of all working members, child support, welfare payments, pensions, social security, and other income before deductions.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00 - $15,000.00</td>
<td>$15,000.00 - $20,000.00</td>
</tr>
<tr>
<td>$20,000.00 - $25,000.00</td>
<td>$25,000.00 - $30,000.00</td>
</tr>
<tr>
<td>$30,000.00 - $35,000.00</td>
<td>$35,000.00 - $40,000.00</td>
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<tr>
<td>$40,000.00 - $45,000.00</td>
<td>$45,000.00 - $50,000.00</td>
</tr>
<tr>
<td>Over $50,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**Source of Income** (Circle all that apply):

- Job
- A.F.D.C.
- S.S.I.
- Unemployment
- Child Support

I hereby certify that all information given is true and give my consent for my child to receive a camp scholarship in the event he/she is chosen. I also give permission to Lakes Area Youth Assistance to release any information necessary in referring my child to camp.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

DATE

Office Use only

| Caseload | Previous Caseload | Walk-In | Other |

If all forms are not completely filled out camper may not be approved for scholarship.
Oakland County does not discriminate on the basis of disability in admission or access to its programs, activities or services as required by Title II of the Americans With Disabilities Act of 1990. Oakland County is an Equal Employment Opportunity Employer.

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. Please complete this form.

**Circle the number of people in your household (adults and children). On the same line, circle your income level.**

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Extremely Low</th>
<th>Very Low</th>
<th>Low</th>
<th>Not Qualified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Under $14,050</td>
<td>Under $23,450</td>
<td>Under $37,450</td>
<td>Over $37,450</td>
</tr>
<tr>
<td>2</td>
<td>Under $16,050</td>
<td>Under $26,800</td>
<td>Under $42,800</td>
<td>Over $42,800</td>
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<tr>
<td>3</td>
<td>Under $20,160</td>
<td>Under $30,150</td>
<td>Under $48,150</td>
<td>Over $48,150</td>
</tr>
<tr>
<td>4</td>
<td>Under $24,300</td>
<td>Under $33,450</td>
<td>Under $53,500</td>
<td>Over $53,500</td>
</tr>
<tr>
<td>5</td>
<td>Under $28,440</td>
<td>Under $36,150</td>
<td>Under $57,800</td>
<td>Over $57,800</td>
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<tr>
<td>6</td>
<td>Under $32,580</td>
<td>Under $38,850</td>
<td>Under $62,100</td>
<td>Over $62,100</td>
</tr>
<tr>
<td>7</td>
<td>Under $36,730</td>
<td>Under $41,500</td>
<td>Under $66,350</td>
<td>Over $66,350</td>
</tr>
<tr>
<td>8</td>
<td>Under $40,890</td>
<td>Under $44,200</td>
<td>Under $70,650</td>
<td>Over $70,650</td>
</tr>
</tbody>
</table>

**Name, Race & Ethnicity of Participating Child(ren):**

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

**Race & Ethnicity**

*Note: A person’s ethnicity is either Hispanic or Not Hispanic*

**Single Race:**
White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander

**Multi-Race:**
American Indian/Alaskan Native & White: Black/African American & White: American Indian/Alaskan Native & Black/African American: Other Multi-Racial

**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 entry, shall be fined not more than $10,000 or imprisoned not more than 5 years, or both.”

Signature of Adult Household Member ____________________________
Print Name of Household Member ____________________________
Street Address ____________________________________________
City, State Zip Code ____________________________
Phone Number (including area code) ____________________________
Work or Cell Phone number ____________________________