



Brandon/Groveland Office  
209 Varsity Drive  
Ortonville, MI 48462

P 248/627-6445  
F 248/627-8952

**SPONSORED BY:**

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Township of Groveland  
Village of Ortonville

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Family Division

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## SKILL BUILDING APPLICATION CHECKLIST

Thank you for reaching out to BGYA for a scholarship for your child! It is our goal to support you and your family in this way. A completed application is required to approve a scholarship. Kindly initial each requirement as understood and provided for an accepted scholarship. All the best to you and your family!

\_\_\_ **Maximum Scholarship Awarded up to \$75 after a \$10 Deposit**

\_\_\_ **Review and agree to Skill Building Scholarship Policy**

\_\_\_ **BGYA Student Enrichment / Application Form**

\_\_\_ **Proof of Residency Document (provide one of the following)**

- Copy of parent/guardian's driver's license
- State ID
- Recent utility bill
- Property tax invoice

\_\_\_ **Proof of Income/Financial Support (provide one of the following)**

- Copy of Bridge Card
- Copy of Social Security statement (SS# blocked off)
- Free & reduced lunch document
- Copy of signature page of parent/guardian most recent tax return (SS# blocked off)

\_\_\_ **Activity Flyer Student is asking for Scholarship**

\_\_\_ **Time Stamp at the Township Clerk's Office OR BGYA Office**

Date packet received

\_\_\_ **BGYA Office OR Drop Box Received**

Completed Application must be received within 5 business days of Township Clerk's OR BGYA Office time stamp

**OFFICE USE ONLY**

\_\_\_ **BGYA Office Secretary approval all items received**

Strengthening Families Through Community Involvement



## Brandon/Groveland Student Enrichment Application Form

Name of child: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Current Age: \_\_\_\_\_

Race: \_\_\_\_\_ Township of Residence: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Number of people living in your household: \_\_\_\_\_ Household Income: \$ \_\_\_\_\_

Ages of Household Members: \_\_\_\_\_

**\*\*\*\*\*Please provide proof of income if you do not qualify for  
One of the programs below. \*\*\*\*\***

Assistance currently receiving: *(see options below check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Free or reduced price lunch | <input type="checkbox"/> Unemployment    |
| <input type="checkbox"/> Medicaid/WIC                | <input type="checkbox"/> DHS/Food Stamps |
| <input type="checkbox"/> Social Security             | <input type="checkbox"/> Other _____     |

Name of Youth Assistance program you may be involved with:

- |   |   |
|---|---|
| <input type="checkbox"/> Student Enrichment _____   | <input type="checkbox"/> Camp _____           |
| <input type="checkbox"/> Tutoring _____             | <input type="checkbox"/> PLUS/Mentoring _____ |
| <input type="checkbox"/> Brandon Parks & Rec. _____ | <input type="checkbox"/> Other _____          |

(See back for more)

How did you hear about our program: *(please check all that apply)*

School Flyer/Teacher

Newspaper/Radio/TV

Friend/Neighbor

Other \_\_\_\_\_

**BGYA Scholar will pay up to \$75 per child after the parent/guardian pays a \$10 deposit.**

**The parent/guardian is responsible for the remaining balance.**

Please tell us your need, **the expected cost**, and the expected benefits of assistance through BGYA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Parent/guardian must include a copy of skill building flyer/brochure distributed by the organization offering the program at the time of application. \*\*\***

Have you received assistance from BGYA in the past?  Yes  No

If yes, When? \_\_\_\_\_ How much? \_\_\_\_\_ Which Program? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL SECTION**

*(To be completed by committee)*

Approved:  Yes  No Date Approved: \_\_\_\_\_ Approved amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title