



Pontiac Youth Assistance
60 Parkhurst/Upper Level Suite 2 Pontiac, MI. 48342
Ph. 248 451-7549 Fax 248 451-7543

Office Use Only:

PYA Contribution \$ _____

Family Contribution \$ _____

Student Enrichment Application

(Each section needs to be completed for approval)

Date _____

PLEASE BE ADVISED THAT APPLICANT MUST BE A RESIDENT OF THE PONTIAC SCHOOL DISTRICT

Name of Child: _____ Sex: Male Female

Race: African American Caucasian Hispanic Bi-Racial Other

Address/Zip: _____ Birth Date: _____

School Attending: _____ Grade: _____ Current Age: _____

Parent/Guardian name: _____

Female Head of Household: Yes _____ No _____

Home #: _____ Work #: _____ Cell #: _____

Indicate Total Household size: _____ Adults: _____ Children: _____

List Children's Name & Ages: _____

Family Income: \$ _____ per month

(Please send a statement of income with this application i.e: current 1040 Income Tax form, Soc. Sec., child support, pay stub or DHHS cash assistance letter.)

Description of Enrichment Activity that your student would like to participate in:

Total Cost of Enrichment Activity \$ _____

Expected Family Contribution (minimum of 10%) \$ _____

Amount Needed from Pontiac Youth Assistance: \$ _____

Make Check Payable to : _____

Assistance currently receiving; (see options below, check all that apply)

- Free or reduced price lunch
- Medicaid/WIC
- Social Security
- Unemployment
- DHS/Food Stamps
- Other _____

Name of Youth Assistance program you may be involved with:

- Student Enrichment
- Tutoring
- Other _____
- Camp
- Mentors Plus

Have you received assistance from Pontiac Youth Assistance in the past? Yes No

If yes, When? _____ How much? _____ Which Program? _____

Parent Signature (required) _____ Date _____

RECOMMENDATION SECTION

(To be completed by referring individual)

Name: _____ Title: _____

Phone: _____ E-mail: _____

Please briefly tell us why you think this individual would benefit from this experience:

Additional Information/Criteria/Special Needs: _____

APPROVAL SECTION

(To be completed by committee)

Approved: Yes No Date Approved: _____ Amount: \$ _____

Additional comments: _____

Authorized Signature

Title