



ROCHESTER AREA YOUTH ASSISTANCE FINANCIAL ASSISTANCE APPLICATION

NAME OF CHILD _____ **BIRTH DATE** _____
ADDRESS _____ **CITY** _____ **ZIP** _____
TELEPHONE _____ **SCHOOL CHILD ATTENDS** _____

PARENT/GUARDIAN NAME _____
PARENT/GUARDIAN MARITAL STATUS _____ **NUMBER IN FAMILY** _____
E-MAIL ADDRESS _____

PROOF OF INCOME IS REQUIRED. PLEASE ATTACH A COPY OF YOUR 2009 1040 TAX FORM AND PROOF OF ADDITIONAL INCOME (SEE BELOW) TO THIS APPLICATION.

Indicate any assistance/additional income and the amount: **DHS** _____, **Social Security** _____, **Unemployment** _____, **Food stamps** _____, **Child support** _____, **Veteran's benefits** _____, **WIC** _____, **Focus Hope**, etc. (Documentation is required.)

NAME OF ACTIVITY and LOCATION (Attach registration info for activity requested) _____

TOTAL AMOUNT OF ACTIVITY \$ _____ **How much would you be able to contribute? \$** _____

ADDITIONAL INFORMATION, if necessary _____

HAVE YOU RECEIVED A SCHOLARSHIP FROM RAYA IN THE PAST? _____

SIGNATURE: _____ **DATE:** _____

(Please refer to application instructions.)
(One scholarship per child per RAYA budget year.)

Return this form WITH INCOME DOCUMENTATION to:
RAYA, 3200 W. Tienken, Rochester Hills, MI 48306 or by fax: 248-652-9036