



SKILL BUILDING PROGRAM

Providing scholarships to youth for enrichment activities

- Dance/Gymnastics
- Music/Art Lessons
- Sport/Cheer
- School Trips
- Pay to Participate Fees

Who is Eligible?

- Must be under age 18
- Families must meet the Royal Oak Youth Assistance income guidelines. Proof of income may be required.
- Must reside in the Royal Oak School District. Youth who attend a Royal Oak school but live outside the district must first apply to their local Youth Assistance office. If they are denied help because the local office does not have funds, they can re-apply to Royal Oak Youth Assistance (written proof of denial required).

What's Covered?

- Fees for sports, dance, gymnastics, scouts, etc.
- Lessons for athletics, art, dance, music, martial arts, or other special interests
- Expenses for club and class trips.
- Families are expected to cover a portion of fees and costs.
- Maximum scholarship is \$300.

How to Apply?

- Please fill out attached form completely.
- You must obtain a signature from school or agency staff.
- Email form to: admin@royaloakyouthassistance.com or mail to: 1601 N. Campbell Rd, Royal Oak, MI 48067.

Please allow at least 10 school days for processing.

Questions?

Call Royal Oak Youth Assistance at 248-546-8282

Royal Oak Youth Assistance

1601 N. Campbell
Royal Oak, MI 48067
248-546-8282

Skill Building Application Form

Name of Child: _____ Age: _____

School: _____ Grade: _____

Name of Parents/Guardian: _____

Street Address: _____

City: _____ Zip: _____

Parent's email address: _____

Cell Phone: _____ Work Phone (if applicable): _____

Occupations of parents/guardians: _____

Annual Household Income: _____

Total Number of Children in Home Under the Age of 18: _____

Total Number of People in the Household including Children: _____

Describe Activity to be Funded: _____

Start Date of Activity: _____ End Date: _____

Total Cost of Activity: _____ Family Contribution: _____ Dollar Amount Requested: _____

How do you think this activity will benefit your child?

Exact name of organization/person to make check payable: _____

Address: _____

Phone number of Organization: _____

Parent/Guardian sign here: _____ Date: _____

You must obtain a referral from school or social service agency personnel:

Referring person's name: _____ Title: _____

Referring person's email: _____ Phone: _____

Referring person sign here: _____