


FARMINGTON HILLS
 SPECIAL SERVICES Michigan **City of Farmington Hills**
Department of Special Services
Scholarship Application

Name _____ Date _____
 Address _____ City _____ Zip _____
 Phone (Cell) _____ (Work) _____ (Email) _____

Number of exemptions you claim on your current federal income tax document _____

Dependent Children:	Birth Date	If activity financial assistance is requested, list activity and number <i>*Please be advised that some Special Services camps, programs, lessons, classes and/or services may not be eligible for scholarship assistance.</i>
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

Employment

Are you currently employed? Yes No
 My employer's name and address _____
 Occupation _____ Length of time with employer _____
 Spouse's employer's name and address _____
 Occupation _____ Length of time with employer _____

Income

Monthly gross \$ _____ Spouse's monthly gross \$ _____
 Annual gross \$ _____ Spouse's annual gross \$ _____
 Other income (child/spousal support, etc.) \$ _____
Total gross per year for household \$ _____

I certify that the above listed information is correct. If any information is determined to be false, I understand that I will be terminated from the activity/program. I agree to provide the following documentation for verification: Current filed Federal or State Income Tax Form 1040 and W-2 statement along with other items as requested such as pay stubs, SSI, unemployment records, proof of residency, etc.

Applicant's signature _____ Date _____

Please allow at least three (3) weeks advance notice on application dates for programs. Information provided is confidential and will not be released without your written permission.

Scholarship application should be directed to: Department of Special Services
 Attention: Ellen Schnackel
 The Hawk - 29995 Twelve Mile Rd.
 Farmington Hills, Michigan 48336
 248 473-1800 phone 248 473-1871 fax
eschnackel@fhgov.com

