



Holly Area

Strengthening Families  
Through Community Involvement

# SKILL BUILDING APPLICATION CHECKLIST

Thank you for reaching out to Holly Area Youth Assistance  
for a Skill Building Scholarship.

It is HAYA's goal to help support youth and their families  
by helping to fund activities in which the student/youth  
wishes to participate.

**Please check each requirement of the application as it is completed  
by the parent/guardian.**

★ **Complete the HAYA Student Enrichment 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 (with SS# blocked out)
- Free & reduced lunch documentation
- Copy of signature page of parent/guardian most recent  
tax return (with SS# blocked out)

★ **Activity Flier for which a scholarship is being sought**



**Parent Initials that all documents are complete: \_\_\_\_\_**

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o HAYA Approval that all necessary items have been received on \_\_\_\_\_

o Approved by the HAYA Skill Building Committee: ☐ NJH ☐ SC

Date:	Amount: \$
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o Parent/Guardian notified of Skill Building Scholarship status on \_\_\_\_\_



# Holly Area Youth Assistance Skill Building Scholarship Policy

Youth Applicants for scholarships must be residents of Holly Township, the Village of Holly, Groveland Township, Rose Township, Springfield Township or White Lake Township and attend school within the Holly Area School District.

**Skill Building Scholarships are provided in the interest of keeping our youth active and involved in positive, esteem building activities.**

**This policy is a guideline for processing Skill Building Scholarship requests in an equitable and fair manner. All requests will be reviewed by the HAYA Skill Building Committee.**

**Applicants family must meet 2022 INCOME LIMITS established by the U.S. Department of Housing and Urban Development (PLEASE CHECK ONLY ONE):**

- ☐ Family of 2 less than \$57,300; ☐ Family of 3 less than \$64,450; ☐ Family of 4 less than \$71,600;  
☐ Family of 5 less than \$77,350; ☐ Family of 6 less than \$83,100; ☐ Family of 7 less than \$88,800;

- ❖ **Scholarship approval is normally limited to one per child per year. However, a second request may be approved for special circumstances on an exceptional basis as determined by the Skill Building Chair and the HAYA Executive Board.**
- ❖ **The scholarship amount will vary depending on the program sought and monies available. Usually the monies awarded are in the \$50 - \$100 range. Parents will be responsible for any remaining balance due.**
- ❖ **Scholarship funds are paid directly to the providing organization and will not be paid to the parent/guardian.**
- ❖ **Participation in the Skill Building Program is CONFIDENTIAL;**  
**However, you acknowledge that HAYA must disclose your student's participation to the Activity/Program in order to properly allocate monies sent on your behalf.**
- ❖ **Scholarships will be limited to participant fees only.**  
**Uniforms and any related fees attached to the activity will be excluded.**

**I have read and understand the Holly Area Youth Assistance Skill Building Scholarship Policy;**

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**Parent/Guardian Signature**

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**Date**



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## Holly Area Youth Assistance Skill Building Scholarship Application Form

**Students Name:** \_\_\_\_\_

**School Currently Attending:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Currently in Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Principal Residence** (please circle one):

Village of  
Holly

Holly  
Township

Rose  
Township

Groveland  
Township

Springfield  
Township

White Lake  
Township

**Parent/Guardian Name:** \_\_\_\_\_

**Parent Address** (If different than Student's): \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Married or Single** (circle one)

**Email Address:** \_\_\_\_\_

**Name of Activity/Program:** \_\_\_\_\_

**Registration Deadline:** \_\_\_\_\_

**Total cost of Activity / Program:**  
= \$

**Amount you are able to pay:**  
= \$

**Amount requested from HAYA:**  
= \$

**Are you receiving any other assistance for this activity/program?** (If yes, please explain)

**Please attach printed material (or a website address) that includes an overview of the program, a contact person and a phone number. As well as, where to mail the check if approved.**

**Website and Additional Comments:** \_\_\_\_\_