



# Brandon Groveland Youth Assistance Skillbuilding Application

BRANDON GROVELAND YOUTH  
ASSISTANCE  
ITEC Center 609 S. Ortonville Rd  
Ortonville, MI 48462  
Phone: 248-627-1873

## **SPONSORED BY:**

Brandon Schools  
Township of Brandon  
Township of Groveland  
Village of Ortonville

6<sup>th</sup> Circuit Court- Family Division

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Thank you for reaching out to BGYA for a scholarship for your child. It is our goal to support you and your family. A completed application and the appropriate supporting documentation listed below are required to submit for approval.

## **Proof of Residency Document** (provide one of the following)

- Copy of Parent/Guardian Driver's License
- Copy of State ID
- Copy of Recent utility bill
- Copy of Property Tax invoice

## **Proof of Income/Financial Support** (provide one of the following)

- Copy of Bridge Card
- Copy of Social Security Statement
- Copy of Free/Reduced Lunch document
- Copy of signature page of parent/guardian most recent tax return.

## **A Flyer for the Activity the Student is Requesting a Scholarship**

**Please turn in the completed BGYA Application (on next page) and supporting documents to:**

BGYA Office located at the ITEC Center (behind Brandon Middle School) at 609 S. Ortonville Rd or the Brandon Recreation Office Drop Box.

**Once your completed application is received, it will be submitted to the committee for approval.**

**Strengthening Families Through  
Community Involvement**



# BRANDON GROVELAND SKILLBUILDING APPLICATION

DATE: \_\_\_\_\_

ACTIVITY REQUESTED: \_\_\_\_\_

STUDENT NAME & AGE: \_\_\_\_\_

SCHOOL/HOMESCHOOL ATTENDING & GRADE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RACE (Please check one):

- White    African American    Asian    African American/White  
 Hispanic    Multi-Racial    Other: \_\_\_\_\_

FREE OR REDUCED MEALS?    No    Yes

HOUSEHOLD INCOME \$ \_\_\_\_\_ (If "None" above documentation of income is required)

NUMBER IN HOUSEHOLD \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_

SINGLE PARENT HOUSEHOLD

- Male    Female

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PROGRAM?

- School  
 Newspaper  
 BGYA website  
 Caseworker  
 Other: \_\_\_\_\_

HAVE YOU RECEIVED BGYA ASSISTANCE IN THE PAST?    No    Yes (If yes, when?) \_\_\_\_\_

## Office Use Only

Date Application was Received:

Approved: YES\_\_\_ NO\_\_\_ Date of Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Initials: \_\_\_\_\_



# PHOTO/VIDEO/AUDO RELEASE FORM

*\*Optional*

I, \_\_\_\_\_ hereby authorize and grant permission to the Brandon Groveland Youth Assistance (BGYA) to use, reproduce, and publish photographs, video and audio recordings or any other images of my child, \_\_\_\_\_, including images, likenesses, and voices, without compensation. I understand that these photographs and video/audio recordings maybe used by BGYA for publicity or promotion in any print or electronic format or other format or media, including, but not limited to, newsletter, brochures or other publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), and the website or social media sites of BGYA. I hereby release the BGYA and its officers, agents, and employees from all claims relating to the release, use, reproduction or publication of any photographs, audiovisual materials or other images by signing this Photo/Video/Audio Release Form.

Parent/Guardian Signature: \_\_\_\_\_

Parent Guardian Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_