

Canton Leisure Services Scholarship Information

- **Application should be returned to:**

**Paula Kosbe
Canton Leisure Services
1150 S. Canton Center Rd.
Canton, MI 48188-1699**

Office Hours: 8:30 a.m. – 4:30 p.m., Monday - Friday

- Scholarship recipients must meet the following criteria:
 1. Resident of Canton for two or more years and ability to confirm residency - (driver's license, state identification)
 2. Proof of Income – Income Tax Return
Acceptable combined annual **household** income (based on FY 2019 HUD Section 8 Housing Program guidelines)

Family Members	1	2	3	4	5	6	7	8
Income	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850	\$75,750	\$80,600

3. If an applicant cannot volunteer time for community service, exceptions will be considered based on individual circumstances
 4. Applicants must be current on property taxes and water bills and any other monies owed to Canton Township.
- \$400.00 is the maximum allowable scholarship per family per year. (Leisure Services reserves the right to adjust the maximum allowable amount based on funding levels without notice).
 - Leisure Services staff have the discretion to award scholarships to first-time participants, those with unique circumstances, etc. Many classes will have one (1) or more scholarship spots available also at the discretion of CLS Staff.
 - 1 hour of Community Service is required for every \$20.00 awarded (smaller awards will be pro-rated accordingly)
 - Scholarship recipients agree to be advocates for Canton Leisure Services by providing testimonials and input regarding programs. Recipients may be asked to provide a testimonial for the Discover Brochure, cable TV ad, etc.
 - If approved, the scholarship will be valid for three months from the date of approval.
 - If the scholarship recipient is a minor under the age of 14, the parent or legal guardian would be required to perform the community service. Minor children ages twelve (12) and thirteen (16) are able to perform community services under the on-site parent/guardian supervision. If the parent or legal guardian volunteers at that same time, both the parent and minor child can earn community service hours toward the requirement. Minor children ages 14 and older are able to complete the required community service.

- Community Service hours must be completed either prior to the scholarship being awarded or within 90 days of the award date.
- Scholarship may be rescinded and restitution of any fees paid if the scholarship requirements are not met or scholarship information is falsified.
- Transportation to and from community service events and classes/programs, as well as any additional fees associated with the class/program are the responsibility of the scholarship recipient.
- All facility/program/event rules, regulations and guidelines apply.

Canton Leisure Services Scholarship Application

An application must be completed for an individual or family applying for a scholarship.

Name of Applicant _____ Date _____

Address _____ Phone # _____

Email Address: _____ DOB: _____

Family Size (# living in home) _____ Social Security # of Applicant _____

Ethnic Background _____ How many years have you been a Canton Resident? _____

List names, ages, social security #'s (if required), of any income providers residing at this address.

Names	Ages:	Relationship to Applicant	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Verification
Wages: 1st person \$ _____ Social Security Income \$ _____
2nd person \$ _____ Pension/Other Income \$ _____

Total Gross Household Income \$ _____

Applicant must provide copies of current and previous year for one of the following to prove residency:

_____ W-2's _____ Tax Return _____ Property Tax Statement

Applicant must provide a copy of one of the following to prove annual income:

_____ Current Filed Tax Return _____ State Assistance Statement

Name of desired program/activity/event _____

Name of individual(s) who would attend the program/activity/event _____

Dates of Program _____ Time _____

Division offering program _____ Cost of Program/Activity/Event _____

Total amount of scholarship requested _____

Signature of Applicant _____ Date _____

By checking "yes", I certify that the information contained in this form is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of acceptance: Yes No

For Administrative Use Only

Current on:

Property Taxes: Yes _____ No _____ Water Bills: Yes _____ No _____

Revised 7/1/2013, 1/29/16

**Canton Township Leisure Services Department
Volunteer Emergency Medical Information Sheet**

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone Number _____ Other Phone Number _____

In case of emergency, notify _____

Relation to Employee _____

Phone Number _____ Other Phone Number _____

2nd Emergency Contact _____

Relation to Employee _____ Phone Number _____

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: _____

Medical conditions the Township should be aware of: _____

Medications: _____

The information I have provided above is accurate. I understand and acknowledge that this information could be made available to any employee who could assist me in the event of an emergency.

Volunteer's Signature

Date

Parent/Guardian of Volunteer (if minor)

Date

Internal Use Only

___ Original sent to CLS Administration Office

___ Copy sent to volunteer's work site

Charter Township of Canton
Leisure Services Department

Authorization for Criminal Background Investigation

Full Name: _____
Last First Middle

Home Phone: _____ Date of Birth: _____

Present Address: _____ City: _____

Zip: _____ Gender: _____ Race: _____

Have you lived outside of Michigan in the past twelve months? YES NO

If YES, please indicate previous address on the back of the form.

Have you ever been convicted by plea or trial of any crime including traffic offenses? YES NO

If YES, please indicate your conviction on the back of the form.

Driver's License Number: _____ State: _____ Exp. Date: _____

CERTIFICATION STATEMENTS

I certify that the above statements are true and that the making of false statements may be considered sufficient cause for immediate dismissal upon discovery thereof. I understand, and agree, that any misleading information or omission of information may be cause for dismissal.

I specifically authorize the Charter Township of Canton, its agents, and its employees to make inquiries of courts, law enforcement agencies, and other entities for records of criminal convictions.

I understand that it is the intent of Canton Township to deny participation to any person who has been involved in or convicted of a any criminal activity that may be harmful to the Township, the activity or the participants. I understand that any inappropriate and/or unacceptable conversation or conduct with any participant may be grounds for immediate dismissal.

I also understand that Canton Township reserves the right to submit random checks on individuals at any time.

I agree to hold the Charter Township of Canton, its agents, volunteers, officers, elected officials, employees and all parties involved harmless from any actions arising out of any criminal records check that may be done.

By checking "yes", I certify that the information contained in this form is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of acceptance: Yes No

Signature

Date

**Additional Information for
Authorization for Criminal Background Investigation**

Previous Address(es) - within past twelve months

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Address _____ City _____ Zip _____

Dates Residing At That Address _____

Convictions (by plea of guilty, no contest or trial):

<u>Court Where Conviction Occurred</u>	<u>Date of Conviction</u>	<u>Name of Offense</u>	<u>Police Department or Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all convictions whether they have been expunged, purged, dismissed or otherwise resolved after a conviction.