

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. Proof of Canton residency must be provided - (driver's license, state identification)
 2. Proof of Income – Income Tax Return
Acceptable combined annual **household** income (based on FY 2021 HUD Section 8 Housing Program guidelines)

Family Members	1	2	3	4	5	6	7	8
Income	\$44,800	\$51,200	\$57,600	\$64,000	\$69,150	\$74,250	\$79,400	\$84,500

3. For instances of foster care, documentation may be provided in the form of an official placement letter upon request.
 4. Applicants must be current on property taxes and water bills, as well as any other monies owed to Canton Township.
- \$500.00 is the maximum allowable scholarship per individual 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 may have one (1) or more scholarship spots available also at the discretion of CLS Staff.
 - Scholarship recipients may be asked to serve as an ambassador for Canton Leisure Services by providing testimonials and input regarding programs. Recipients may be asked to provide quotes or testimonials for the Discover Brochure, community cable TV ad, etc. Recipients will be publicly identified only as a program participant unless other specific permission by the individual or parent is granted.
 - If approved, the scholarship will be valid for twelve months from the date of approval.
 - Scholarship may be rescinded and restitution of any fees paid if the scholarship requirements are not met or scholarship information is falsified.
 - 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 \$ _____

Proof of Canton residency must be provided:

_____ Driver's License _____ State Identification

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

_____ Income Tax Return, with combined annual household income _____ 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:

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:

For Administrative Use Only

Current on:

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

Revised 7/1/13, 1/29/16, 1/2/20, 6/21/21