



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
\*Please be advised that some Special Services camps, programs, lessons,
classes and/or services may not be eligible for scholarship assistance.
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
28600 W. Eleven Mile Rd.
Farmington Hills, Michigan 48336
248 473-1800 phone 248 473-1871 fax
eschnackel@fhgov.com