

Department of Special Services Scholarship Application

Name			Date			
Address		City		Zip		
Phone (Cell)	(Work) _		(Email)			
Number of exemptions	you claim on your	current federal in	come tax document			
Dependent Children:		Birth Date	*Please be advised tha	assistance is requested, list activity and number at some Special Services camps, programs, lessons,		
Name			ciasses ana/or services	s may not be eligible for scholarship assistance.		
Name						
Name						
Name						
Employment Are you currently employer's name						
Occupation		L	ength of time with en	mployer		
Spouse's employer's a	name and address	-				
Occupation		L	ength of time with en	mployer		
Income Monthly gross \$	S	nouse's monthl	v gross \$			
		Spouse's monthly gross \$ Spouse's annual gross \$				
Total gross per year	for household \$_					
I will be terminated from	om the activity/proor State Income T	ogram. I agree ax Form 1040 a	to provide the followind W-2 statement alo	termined to be false, I understand thating documentation for verification: ong with other items as requested such		
Applicant's signature			Date			
Please allow at least the confidential and will no				grams. Information provided is		

Farmington Hills, Michigan 48336 248 473-1800 phone 248 473-1871 fax

The Hawk – 29995 Twelve Mile Rd.

Department of Special Services Attention: Ellen Schnackel

eschnackel@fhgov.com

Scholarship application should be directed to: