



**CITY OF NOVI
PARKS, RECREATION AND CULTURAL SERVICES**

SCHOLARSHIP INFORMATION

Scholarship recipients must meet the following criteria:

- Minimum one year of Novi residency with ability to confirm residency.
(Driver's license, state identification, property tax statement or City of Novi water bill)
- Submit proof of income – W2 form
(If applicable: unemployment, child support, social security, ADCF)
- The **maximum** allowable scholarship is **50 percent** of a program fee, with a maximum cap of \$300 per family per calendar year. Novi Parks, Recreation and Cultural Services reserves the right to adjust the maximum amount based on funding levels.
- The scholarship may be rescinded and restitution of any fees paid if scholarship information is falsified.
- Transportation to and from programs/classes and events, as well as any additional fees associated with the program/class are the responsibility of the scholarship recipient.
- Application and supporting documentation should be returned to:

City of Novi
Parks, Recreation and Cultural Services
45175 Ten Mile Road
Novi, MI 48375



cityofnovi.org

**CITY OF NOVI
PARKS, RECREATION AND CULTURAL SERVICES**

SCHOLARSHIP APPLICATION

An application must be filled out for each person applying for a scholarship.

Name of Applicant _____ Date _____

Address _____ Phone _____

Family Size (living in home): _____ people Novi resident for _____ years

Names of everyone residing in the home Ages Relationship to Applicant

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wage Verification: Husband \$ _____
 Wife \$ _____
 Others \$ _____
 Pensions \$ _____
 Annuities \$ _____

Proof of Residency
(Current & Previous Year)
____ W-2s
____ Tax Return
____ Property Tax Statement

Proof of Income
(Current Year)
____ W-2s
____ Tax Return
____ State Assistance

Total Gross Household Income \$ _____

Name of individual who would attend the program/activity/event: _____

Program Name: _____ Program Date: _____ Program Cost: \$ _____

Total amount of scholarship requested: \$ _____

Signature of adult applicant: _____ Date: _____

A copy of Page 1 of your Federal Income Tax Return form 1040 or other wage documentation (unemployment, child support, social security, ADCF) must be attached. Acceptable combined annual household income established by the U.S. Department of Housing and Urban Development (total persons per household includes children and adults) shown below. Please **circle** the applicable total.

Total Persons Per Household	Income Less Than
2	\$38,400
3	\$43,200
4	\$47,950
5	\$51,800
6	\$55,650
7	\$59,500
8	\$63,300