

**PLEASE TYPE**

Received \_\_\_\_\_  
\_\_\_\_\_

**2010**

**Livonia Youth Commission/SPREE Memorial Scholarships\***

(\*In conjunction with the Livonia Anniversary Committee, Inc. – “Spree”)

**APPLICATION**

**REQUIREMENTS:**

- A. Must be a **Livonia resident** attending school in the Livonia or Clarenceville Public School District, or a Livonia resident attending a private school
- B. Must be applying to a community college, university or accredited technical School in **Michigan**.
- C. **Must be a member of the graduating class of 2010.**
- D. Financial needs **will be** considered. Please **include** a copy of parent’s **1040**. **W2s** and **1099s** also need to be included. The Federal **1040 must** be included for the application to be considered.
- E. A transcript of grades must accompany the application.
- F. Application **must** be post marked no later then **Monday April 12, 2010**. **Any post marked** after that date **will not** be considered.

**STUDENT INFORMATION:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

High School Now Attending \_\_\_\_\_

Michigan School for which Scholarship is requested (if already decided):

\_\_\_\_\_  
Name Address City Zip

Have you applied for entrance? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

What course of study will you pursue? \_\_\_\_\_





**REFERENCES**

Applicant's Name \_\_\_\_\_

**ATTENTION COUNSELOR:** Please give your recommendation of this student, **including** personal characteristics, mental attitude, social adjustment, seriousness of purpose, achievement related to ability, class standing or rank, grade point average, etc. (attach additional page if necessary.) **PLEASE INCLUDE A COPY OF TRANSCRIPT.** Please return this form **promptly** to the student. Student's application cannot be processed without your information.

Signed \_\_\_\_\_ Title \_\_\_\_\_

**ATTENTION STUDENT:** Please attach additional reference letters from three **(3) adults, other than relatives or school personnel.**

Completed Applications should be sent to: **Livonia Youth Commission**  
**33000 Civic Center Drive**  
**Livonia, Michigan 48154**

For more information, call: **City Hall** at **734-466-2540.**

SCHOLARSHIPS WILL BE PAID DIRECTLY TO THE SCHOOL OF THE STUDENT'S CHOICE.

**APPLICATIONS MUST BE POST MARKED BY MONDAY,**  
**APRIL 12, 2010. LATE APPLICATIONS WILL NOT BE ACCEPTED.**

**PARENT'S CONFIDENTIAL FINANCIAL REPORT:**

Student's Name \_\_\_\_\_

School to which Student is seeking Admission \_\_\_\_\_

Will Student commute or be in Residence? \_\_\_\_\_

Name of Father or Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Employed By \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Employed By \_\_\_\_\_

Other Sources of Income (i.e. child support, unemployment) pensions, annuities  
\_\_\_\_\_

**Income** (as reported on Federal Income Tax Return, if filed) for year ending December 2009. **PLEASE INCLUDE COPY OF 2009 FEDERAL INCOME TAX RETURN 1040, W2s and 1099s. (Please black out all social security numbers on these forms)**

Total Gross Income \$ \_\_\_\_\_

Number of Exemptions Claimed \_\_\_\_\_

Net Income (that on which taxes were paid after adjustments) \_\_\_\_\_

List all dependent children and their ages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any unusual expenses or circumstances, which would affect your ability to contribute to your child's educational costs.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signed** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

**DO NOT GIVE THIS PAGE AND INCOME TAX FORMS TO COUNSELOR. PLEASE RETURN WITH APPLICATION.**

