



**Brian Kay**, Director • **Tami Letcavage**, Assistant Director • **Emily Minna**, Recreation Coordinator  
**Kathy Edwards**, Account Clerk

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Dear Participant,

Please fill out the enclosed income affidavit to apply for our scholarship program or if you are participating in a CDBG funded Adaptive program\*. This scholarship program gives Clinton Township residents that meet the income criteria, an annual allowance of \$350.00. An Income Affidavit must be submitted yearly between July 1 of the current year and June 30 of the following year. The following programs are eligible for scholarships:

- Adaptive Bike Club
- Adaptive Recreation Day Camp
- Day Camp
- Early Childhood summer program
- Sporties for Shorties
- Sporties for Shorties 2.0

Scholarships can be applied for ½ off the registration fee for the following leagues:

- Adaptive Softball

This income affidavit will be valid through June 30<sup>th</sup> unless circumstances have changed. Turn this affidavit in with your completed registration form or you can let us know that you have a form on file when you register.

If you have any further questions regarding the scholarship or activity programs, please contact us at [recreation@clintontownship.com](mailto:recreation@clintontownship.com) or 586-286-9336.

Thank you,

CTPR Staff

**\*Note for CDBG funded Adaptive Program** – Reporting guidelines have changed for programs funded by the Community Development Block Grant (CDBG) funds. To help us with these new requirements, please fill out the attached income affidavit.

MINOR PARTICIPANT - Guardian to fill out the entire form and sign.

ADULT PARTICIPANT – Guardian/participant to fill out all sections except income section (unless applying for the scholarship as well).

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Clinton Township Recreation Department  
40700 Romeo Plank Road, Clinton Township, Michigan, 48038-2900  
Phone 586-286-9300 • Fax 586-286-9336 • Email [Recreation@clintontownship.com](mailto:Recreation@clintontownship.com)  
Website [Clintontownship.com/recreation](http://Clintontownship.com/recreation) • [Facebook.com/myctpr](https://www.facebook.com/myctpr)

**INCOME AFFIDAVIT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
(Must live in the 48035, 48036 or 48038 zip codes to qualify for this Scholarship)

Head of Household \_\_\_\_\_

Home address \_\_\_\_\_

Main phone number \_\_\_\_\_

**RACE**

Please check one category which best describes the race of your household:

- |                                                                                  |                                                 |
|----------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> American Indian/Alaskan Native & White                  | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Asian & White                                           | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Black/African American & White                 | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> American Indian/Alaskan Native                          | <input type="checkbox"/> Native                 |
| <input type="checkbox"/> Hawaiian/Other                                          | <input type="checkbox"/> Pacific Islands        |
| <input type="checkbox"/> Other Multi-Racial                                      |                                                 |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |                                                 |

**FEMALE HEAD OF HOUSEHOLD**

- Please circle the appropriate designation:
- YES The household is headed by a single female
- NO The household is not female-headed

**ETHNICITY**

- Please select if applicable
- Hispanic
- Non-Hispanic

**HOUSEHOLD INCOME DESIGNATION**

Please identify your current household size and appropriate annual income.

**ANNUAL HOUSEHOLD INCOME FY-2021  
(CHECK ONE)**

<b>MUST BE A RESIDENT OF CLINTON TOWNSHIP TO QUALIFY FOR THIS SCHOLARSHIP</b>	<b>HOUSEHOLD SIZE</b>	<b>LOW INCOME LIMIT</b>	<b>AT OR BELOW INCOME LIMIT (X)</b>	<b>ABOVE INCOME LIMIT (X)</b>
		1	\$44,800	
	2	\$51,200		
	3	\$57,600		
	4	\$64,000		
	5	\$69,150		
	6	\$74,250		
	7	\$79,400		
	8	\$84,500		

**DECLARATION OF ACCURACY**

I hereby attest that the information provided above is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Applicant Date