



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

Dear Participant,

Please fill out the enclosed income affidavit to apply for this scholarship program funded by available Community Development Block Grant money. This scholarship program gives Clinton Township residents that meet the income criteria, an annual household allowance of up to \$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 50% off the registration fee.

Adaptive Bike Club
Adaptive Recreation Day Camp (not including lunch pass or field trips)
Adaptive Softball
Day Camp (not including lunch pass or field trips)
Early Childhood summer program
Easter Event
Fishing Derby
Trick or Treat Trail
Youth Drop in Athletics
Youth Painting Party

This income affidavit will be valid through June 30th 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. Online registration is not available for registrations paid using scholarship money.

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

Thank you,
CTPR Staff

*Eligible programs are subject to change

Rev 7/23

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
Website Clintontownship.com/recreation • 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"/> Black/African American & White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other 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 (CDBG FY 7/1/2023-6/30/2024)
(CHECK ONE)

	HOUSEHOLD SIZE	LOW INCOME LIMIT	AT OR BELOW INCOME LIMIT (X)	ABOVE INCOME LIMIT (X)
MUST BE A RESIDENT OF CLINTON TOWNSHIP TO QUALIFY FOR THIS SCHOLARSHIP	1	\$53,050		
	2	\$60,600		
	3	\$68,200		
	4	\$75,750		
	5	\$81,850		
	6	\$87,900		
	7	\$93,950		
	8	\$100,000		

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