



Coleman A. Young Foundation Scholars Program

Payment Request Form (due September 30th and January 30th)

Investing in the leaders of tomorrow...today.

Please type or print (clearly) all information

RECIPIENT DATA (Fill in all items)

Name: _____ (first name, middle, last name)	SSN: _____ (000-00-0000)	Birth Date: _____ (Month/Date/Year)
Home Address: _____ (number, street, and apartment if necessary)		
Home Phone: _____ Other Phone: _____		
College/University Address: _____ (number, street, and apartment if necessary)		
City: _____ State: _____ Zip: _____		
College/University Phone: _____ Other Phone: _____		
Email Address: _____		

COLLEGE/UNIVERSITY INFORMATION

The College/University I attend is: _____ and I am a (circle one): freshman sophomore junior senior
My major is: _____ and my cumulative GPA is: _____ while my last term's GPA was: _____
I expect to graduate in the month of _____ in the year of 20_____.

FINANCIAL DATA

I am requesting \$ _____ of my scholarship award for this term (circle one): Fall Winter Summer of the year 20_____
The scholarship check should be made payable to : _____ recipient & college/university -or- _____ college/university only
The scholarship check should be sent to: _____ Detroit home address _____ College/University address
_____ I have enclosed a copy of my financial aid award letter for this semester.

COURSE REGISTRATION & TUITION AND FEES

- _____ I have enclosed an official copy of the courses I am enrolled in for this academic semester.
- _____ I have enclosed an official transcript which includes my grades from the most recent semester.
- _____ I have enclosed a copy of the requirements for graduation in my major.
- _____ I have enclosed a copy of the tuition and fees schedule for my college/university.
- _____ I have enclosed a statement of account from my college/university indicating a \$0 balance.

EXPENSES

Estimate college/university expenses for this semester only (*attach receipts, itemizations or explanations of totals*):

- | | |
|-----------------------------------------------------------------------------------------|----------|
| 1. TUITION | _____ |
| 2. FEES | _____ |
| 3. ROOM/APARTMENT: MONTHLY FEE _____ TIMES _____ MONTHS | _____ |
| 4. BOARD: FOOD EXPENSES _____ TIMES _____ MONTHS | _____ |
| 5. WEEKEND MEALS | _____ |
| 6. BOOKS AND SUPPLIES | _____ |
| 7. LOCAL TRANSPORTATION | _____ |
| 8. TRAVEL (<i>from home to college/university and back, _____ times per semester</i>) | _____ |
| 9. UTILITIES/TELEPHONE/CABLE/etc.: MONTHLY _____ TIMES _____ MONTHS | _____ |
| 10. TOILETRIES (<i>personal grooming, household items, etc.</i>) and LAUNDRY | _____ |
| 11. MISCELLANEOUS | _____ |
| TOTAL EXPENSES | \$ _____ |
| LESS TOTAL FINANCIAL AID | - _____ |
| REMAINING BALANCE | \$ _____ |
| LESS COLEMAN A. YOUNG AWARD | - _____ |
| FINAL BALANCE | \$ _____ |

If you have a remaining balance for this semester, please explain how you plan to resolve it: _____

Do you have an outstanding balance from the previous semester? If so, indicate the amount due, and how and when you will pay the amount:

ACHIEVEMENT INFORMATION (ATTACH ADDITIONAL PAPER IF NECESSARY)

Please list any awards or honors you achieved during the last semester: _____

Please explain any problems or extenuating circumstances you have faced or are currently facing this semester: _____

Indicate how CAYF may be of greater assistance to you:

CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. I know that a false statement or omission constitutes sufficient cause for termination of my scholarship award. I affirm that I am a resident of the City of Detroit and that I meet the financial need requirements of the CAYF Scholarship Program. I also affirm my need for financial assistance for this semester. I know the maximum amount I may be entitled to each semester is \$2,500, and that the unused amount may be reserved for summer school. I also know that I forfeit my scholarship for any term that I do not submit my payment request form by the stated deadline. I understand that the amount per semester of the award I receive is also dependent upon my fulfillment of the terms of the scholarship, in particular, my participation in CAYF Scholars Program Activities.

Recipient Signature _____

Date _____

Submit this payment request form, along with all the required supporting documents to
Thelma Bush @ Coleman A. Young Foundation
2111 Woodward Avenue ~ Suite 600 ~ Detroit, MI 48201
Office: (313) 962-2200 ~ Fax: (313) 962-2208 ~ Email: ThelmaBush@cayf.org