



Coleman A. Young 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
Student ID #: _____		
Home Address: _____ number, street, and apartment if necessary	City: _____	Zip: _____
Home Phone: _____	Other Phone: _____	
Cell Phone: _____	Facebook Address: _____	
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 Spring Summer of the year 20_____
The scholarship check should be made payable to : _____ recipient & college/university -or- _____ college/university only

COURSE REGISTRATION & TUITION AND FEES

_____ I have enclosed a copy of my FINANCIAL AID AWARD LETTER for this semester.

_____ 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 (from home to college/university and back, _____ times per semester)	_____
9. UTILITIES/TELEPHONE/CABLE/etc.: MONTHLY _____ TIMES _____ MONTHS	_____
10. TOILETRIES (personal grooming, household items, etc.) and LAUNDRY	_____
11. MISCELLANEOUS	_____
TOTAL EXPENSES	\$ _____
LESS TOTAL FINANCIAL AID	- _____
REMAINING BALANCE	\$ _____
LESS SKILLMAN YOUTH LEGACY 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:

Were you employed or did you have an internship during the previous **Fall Winter Spring Summer** semester of the year 20____? **Please (circle one)**

If so, where did you work or where was your internship? How did you secure your internship? If not, and it was the Summer semester, then what did you do (travel, summer classes, etc...)?

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 also affirm my need for financial assistance for this semester. I know the maximum amount I may be entitled to each semester is up to \$2,500, depending on the type of scholarship that I have 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 the Coleman A. Young Foundation Awards Program.

Recipient Signature _____

Date _____

Submit this payment request form, along with all the required supporting documents to
Program Manager @ Coleman A. Young Foundation
7650 Second Avenue ~ Suite 206 ~ Detroit, MI 48202
Office: (313) 962-2200 ~ Email: kenequiaparker@cayf.org