



## **Coleman A. Young Scholars Program**

***Payment Request Form due September 30<sup>th</sup> and January 30<sup>th</sup>***

**Investing in the leaders of tomorrow...today.**

**Please type or print clearly all information**

### **RECIPIENT DATA (Fill in all items)**

|   |                             |                                      |
|---|-----------------------------|--------------------------------------|
| Name: _____<br>first name, middle, last name                                    | SSN: _____<br>(000-00-0000) | Birth Date: _____<br>Month/Date/Year |
| Student ID #: _____   |                             |                                      |
| Home Address: _____<br>number, street, and apartment if necessary               |                             |                                      |
| Home Phone: _____ Other Phone: _____  |                             |                                      |
| Cell Phone: _____ Facebook Address: _____                                       |                             |                                      |
| College/University Address: _____<br>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): <b>freshman</b> <b>sophomore</b> <b>junior</b> <b>senior</b> |
| 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): <b>Fall</b> <b>Winter</b> <b>Spring</b> <b>Summer</b> 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  | _____           |
| <b>TOTAL EXPENSES</b>  | <b>\$ _____</b> |
| <b>LESS TOTAL FINANCIAL AID</b>  | <b>- _____</b>  |
| <b>REMAINING BALANCE</b>   | <b>\$ _____</b> |
| <b>LESS SKILLMAN YOUTH LEGACY AWARD</b>  | <b>- _____</b>  |
| <b>FINAL BALANCE</b>   | <b>\$ _____</b> |

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:

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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...)?

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**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  
8425 W. McNichols ~ Madame Cadillac, Ste 248 ~ Detroit, MI 48221  
Office: (313) 962-2200 ~ Email: [kenequiaparker@cayf.org](mailto:kenequiaparker@cayf.org)