



Mailing Address:  
 P.O. Box 35390  
 Detroit, MI 48235  
[www.oymdetroit.org](http://www.oymdetroit.org)

## SCHOLARSHIP INFORMATION and PROCEDURE

**Completed Applications Must Be Returned by: May 11, 2024**

1. These Scholarships are administered in accordance with the procedures established by the **Optimist Youth Foundation of Detroit, Inc. (OYF)**
2. Eligibility is limited to public and private high school graduating seniors of Metropolitan Detroit area and undergraduate college students, who are former students of a Metropolitan Detroit area public or private school.
3. There are no restrictions as to the accredited institutions, college or university to be attended or the curriculum to be followed. To qualify, an applicant must be in need of financial assistance and **must have demonstrated their potential to succeed in the college curriculum to be pursued.** Additional factors such as high school grades, character, citizenship, effort and ability may be considered.

### **Graduating Seniors and Undergraduate College Students**

1. The procedure and requirements in submitting and preparing applications is as follows:
  - a. Application may be requested through principal, counselor or teacher. Also, application may be requested through other organizations or directly from the Optimist Youth Foundation (OYF), P.O. Box 35390, Detroit, MI 48235-0390 or on our webpage.
  - b. **The application consists of Forms A and B, each MUST be clearly legible in blue or black ink. Form A is to be completed by the applicant. Form B is the financial statement and must be completed by a parent(s). Both fully completed forms must be submitted to OYF by May 11, 2024, along with**
    - i. a high school transcript,
    - ii. a letter of acceptance from an accredited institution, college or university and
    - iii. an essay (further explained on Form A).

**Current college students must complete Form A and provide an official copy of your college transcript. However, previous recipients of OYF scholarships need not provide a high school transcript.**

- c. It is recommended that counselors submit statements in support of their applicants (Form A – Item G) providing information regarding circumstances not reflected in the data requested. This will be to the advantage of the applicant.
  - d. If an applicant is offered a grant or a scholarship from another source prior to the time the OYF Scholarships are determined, he/she should be advised to accept it, as this is will not affect the outcome of being an OYF Scholarship recipient.
2. **Expectations.** Students are expected to maintain a 2.5 and above, let us (OYF) know how you are doing and if we can be of further assistance, other than financial. Also, **if you are a recipient, we ask and encourage you to join us (The Optimist Youth Foundation of Detroit and Optimist Club of Northwest Detroit) to provide community service. This may include participating or attending programs or projects such as the Scholarship Reception, Youth Christmas Party, Jr. Golf Outing, serving the homeless or others. OYF needs your assistance to continue to assist others. Please sign below.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ Phone # \_\_\_\_\_

**All completed applications and requested documents must be returned by the date indicated on the reverse side to the Optimist Youth Foundation (OYF) Scholarship Chairperson P.O. box 35390 Detroit, MI 48235-0390**

**OPTIMIST YOUTH FOUNDATION OF DETROIT, INC.  
SCHOLARSHIP APPLICATION  
FORM A**

**(To be completed by the school. Please type or print using blue or black ink)**

SCHOOL: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**A. APPLICANT INFORMATION**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address (include apt. #) City State Zip Code

\_\_\_\_\_  
Applicant's Phone #(include area code) Parent's Phone# (REQUIRED)

\_\_\_\_\_  
Applicant's Email Address Parent's Email Address

B. Date of Graduation from High School \_\_\_\_\_

C. College(s) attended, if any after high school:  
\_\_\_\_\_  
\_\_\_\_\_

D. College applicant plans to attend next year: \_\_\_\_\_

E. Profession or vocation interest: \_\_\_\_\_

F. List extracurricular activities and leadership positions held (including National Honor Society, Clubs, Sports) while in high school or college.  
\_\_\_\_\_  
\_\_\_\_\_

G. Write an essay about you, your aspirations and why you are applying for the OYF Scholarship. (Type or write legibly on a separate sheet of paper.)

H. **FAMILY INFORMATION:** List the name(s) of all residing in your household, parents, brothers, sisters, grandparents, aunts, uncles, etc. (Use a separate sheet of paper if necessary.)

Full Name	Relationship	


**I. APPLICANT/PARENTAL DISCLOSURE RELEASE OF INFORMATION**

We have checked this form for omissions and errors and to the best of our knowledge the information is complete and accurate. We are aware that this information is for a college scholarship. Consent is hereby given for the disclosure of the information contained in this form, as well as any other information made available to the OPTIMIST YOUTH FOUNDATION INC., by the undersigned or others, to the officers and trustees of the Foundation and to any other person authorized by the foundation to review the information for the purpose of selecting scholarship recipients. Verification may be obtained from any source. We hereby release from liability any person submitting personal information to the Foundation for use in the selection of the scholarship recipients

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

**The parent(s) or guardian and applicants is required to sign this application regardless of whether or not the student has attained the age of 18 years of age.**

OPTIMIST YOUTH FOUNDATION OF DETROIT, INC  
SCHOLARSHIP CHAIRPERSON  
P.O. BOX 35390  
DETROIT, MICHIGAN 48235-0390  
**OPTIMIST YOUTH FOUNDATION OF DETROIT, INC.  
SCHOLARSHIP APPLICATION**

**FORM B**

**(To be completed by the applicant AND parents. Please type or print using blue or black ink.)**

Deadline for submission of application and official transcripts **May 11, 2024.**

**STUDENT INFORMATION:**

<b>Name</b>		
<b>Address (include apt#)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone number (include area code)</b>		<b>Marital Status</b>
<b>Birth date</b>	<b>Social Security #</b>	

**Ethnic Group:**  Black  White  Hispanic  Other

**Who do you reside with:**  Father  Mother  Stepfather  Stepmother  Other

- HOUSEHOLD INFORMATION:** List the people that your parents will support during the year you are requesting scholarship funds from OYF. Include yourself, your parents and dependent children who are supported 50% or more by your parents. (SEE EXAMPLE) Include other people as part of your family only if they live with your parents and will receive more than half their support from your parents during the year you are requesting funds from the OYF. *If you need more space, attach a separate page.*

<b>Full Name</b>	<b>Age</b>	<b>Relationship</b>	<b>School Attending</b>	<b>Employer</b>	<b>Address of Employer</b>
<i>EXAMPLE-Jane Doe</i>	<i>52</i>	<i>Mother</i>	<i>None</i>	<i>ABC Company</i>	<i>123 East St. Detroit, MI 48223</i>

Full Name	Age	Relationship	School Attending	Employer	Address of Employer

List the Social Security Number for your parent(s) listed under #1 (in above table)

Father/Guardian: \_\_\_\_\_ Mother: \_\_\_\_\_

Please give make, model and year and purchase date of any family vehicle(s):

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If one of these cars is in the name of the student applicant, indicate make, model and year of vehicle:

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## 2. PARENTS' INCOME AND EXPENSE INFORMATION:

### INCOME Last Year

	A	B	C	D	
	Salaries and Wages BEFORE Taxes	Other Income	Gross Income (A + B)	Business Expenses*	Net Income BEFORE Taxes (C - D)
Father					
Mother					
Totals					

- Itemization on next page required.

### Estimated This Year

	A	B	C	D	
	Salaries and Wages BEFORE Taxes	Other Income	Gross Income (A + B)	Business Expenses*	Net Income BEFORE Taxes (C - D)
Father					
Mother					
Totals					

## 3. PARENTS' PERSONAL LIABILITIES AND ASSETS

	Last Year (\$)	Estimated This Year
A. *Extraordinary Expenses		
B. Federal Income Tax		
C. State Income Tax		
D. Annuities, Other	Amount	Premium

### DEBTS

E. Other than mortgage and insurance loans	
F. Annual automobile payment(s)	
G. Other annual time payments	
H. Annual rent or mortgage payment Monthly payment \$ _____ (If owed or buying): Unpaid balance \$ _____	
I. Retirement Payments*	

<b>Total</b>	
<b>ASSETS</b>	
<b>J. Home (if owned or buying): Present Value \$_____</b>	
<b>K. Bank Account (Personal and Savings)</b>	
<b>L. Stocks and bonds owned</b>	
<b>Total</b>	

**4. STUDENT’S OWN ASSETS**

Please list total assets student has in his/her name. Such as bank account, auto or educational insurance policies. Also list any scholarship or government educational benefits.

Nature of Assets (or type of scholarship)	How Obtained (donor if a scholarship)	Value (\$)

- 5. Please attach a copy of the most recent Income Tax Form (1040, 1040A, 1040EZ). Application will not be processed without this form.
- 6. Explain in this space any special circumstances that should be taken into consideration such as divorce or separation arrangements, special care for aged dependents, special housing problems, other children entering college, immediate retirement plans, etc. Itemize items 2(B), 2(D), 3(A), 3(E), and 3(I). Use additional sheet if necessary and attach.

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- 7. We have checked this form for omissions and errors and to the best of our knowledge the information is complete and correct. We are aware that it is for a college scholarship. Consent is hereby given for the disclosure of the information contained in this form, as well as any other information made available to officers and trustees of the Foundation and to any other person authorized by the Foundation to review the information for the purpose of selecting scholarship recipients. Verification may be obtained from any source. Permission is hereby given for the Foundation to make inquiry into the financial status of the undersigned as it deems appropriate. We hereby release from liability any person submitting personal information to the Foundation for use in the selection of scholarship recipients.



Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

**The parent(s) or guardian and applicant are required to sign this application regardless of whether or not the student has attained the age of 18 years of age.**

**In the event your child receives a scholarship from OYF, we require that you read the statement below and both the parent/guardian and recipient sign.**

**I hereby acknowledge, I have read all the terms and provisions of this application for a scholarship from the Optimist Youth Foundation, and that myself, heirs and estate I hereby consent to public use of my name, likeness, voice, grades, academic accomplishment(s) or biographical information, and the use of any photos, recordings, or video tapes, or any publicity including me during in the sole and exclusive discretion of the Optimist Youth Foundation of Detroit, without notice to me or further approval by me.**

_____	_____
<b>Signature of Applicant</b>	<b>Signature of Parent/Guardian</b>

**NOTE:** Submit completed application and supporting documents by May 11, 2024 to:

**OPTIMIST YOUTH FOUNDATION OF DETROIT, INC.  
P.O. BOX 35390  
DETROIT, MICHIGAN 48235-0390**