

Office address:
Oxford Middle School
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Skill Building Request Form

Child's Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ School _____ Grade _____

Parent(s)/Guardian(s) _____

Phone Number(s) _____

Activity _____

Activity Date(s) _____

Organization Name _____

Organization Phone Number _____

Organization Contact Person _____

Mail check to _____
Name/Organization Address City State Zip Code

Total cost/fee for activity \$ _____

Amount family can pay \$ _____

Total amount requested \$ _____

Family's income range (Some YA programs receive financial support based on income.)

\$0-\$15,000 \$15,000-\$30,000 \$30,000-\$45,000 \$45,000-\$60,000 Over \$60,000

Marital status of biological parents

Never Married Married Separated Divorced Widowed

Number of adults living in home _____ Number of children living in home _____

Signature of Parent/Guardian

Date

Please attach a copy of any available written information about this activity.

Internal Use Only:
___ Approved ___ Not Approved

Signature Date

Request ID # _____