Michael's Gift

History

Michael's Gift is a charity developed to honor Michael Ridgeway, who died at age 6. It was established as a memorial fund to be used to help Orange County youth reach their potential. Funds are to be used for enrichment activities and are not used to duplicate existing resources. All funds made available through this program are received as donations or made through fundraising efforts.

There is a cap placed upon the amount that can be utilized each year per child. In addition, there is a cap placed on each individual activity that Michael's Gift will pay out. Both of these caps are determined at the beginning of the county's fiscal year, however, the cap may be adjusted throughout the year depending on the availability of funding. Please check with the Office on Youth for this information. In the event Michael's Gift funds drop below the threshold designated by the Michael's Gift committee, consideration for assistance will only be given to children who have not accessed Michael's Gift in the past.

Procedure for Requests

Complete a Michael's Gift application and return it to the Office on Youth prior to the end of the registration period for the activity in which the request is being made. In addition, parents must make a $10.00 "co-pay", *per child*, to the organization that sponsors the activity listed on the request form. A copy of the receipt of payment must accompany the request form *before* it can be considered for assistance. Parents will also need to bring proof of any assistance that is marked on the front of the request form in the event staff requests it to verify information.

Once all required information is received, the request will be considered and will be either denied or approved based on the eligibility of funds and previous funds used by the individual child. If the child has met their cap for the year (January – December of each year) funds will be denied. In the event the cap does not cover the entire price of the activity, the parent or guardian will be responsible for the difference. Parents or guardians will be notified within two weeks of the receipt of the request as to the status of the application. Contact may be made via telephone, email, or letter. Please be sure you provide current, correct information so we can reach you in the event we have a question.

If at any time you have a question, please contact the Office on Youth at (540) 672-5484 ext.4. We look forward to helping provide the opportunity to enrich the lives of the children in the Orange community.

Eligibility Criteria

- ✓ Youth must attend Orange County Public Schools or,
- ✓ Youth must be an Orange County resident, and

(Proof of enrollment or residency may be required)

- ✓ Youth must be under the age of 18

Orange County Office on Youth

146 Madison Road, Suite 205 Orange, VA 22960
Tel: (540) 672-5484 / Fax: (540) 672-2311

Michael's Gift

(Please Print)

Personal Information: *(one child per request)*

Child's Name:		Age:	DOB:
Parent/Guardian Name:		Phone:	
Address:			
City:		State:	Zip:
School:	Grade:	Email:	

Please state what you are asking Michael's Gift to fund:

Who is the Check written to? *(This section must be complete in order for request to be considered.)*

Organization Name:			
Address:			
City:		State:	Zip:
Organization Phone:			
Total Cost of Program:	Deposit Made by Parent:	Amt Requesting to be pd:	

Have you received Michael's Gift in the past?

☐ Yes - Explain how funds were utilized:
☐ No - Person or group who made referral:

Check if your child is receiving any of the following: *(you may be asked to provide proof)*

☐ TANF ☐ SNAP ☐ Free Lunch ☐ Reduced Lunch ☐ Medicaid

By signing below, I understand that this request does not guarantee assistance for any program. Parents will responsible for all fees incurred in the event the request is denied or the requested amount is more than the approved funding assistance.

Parent Signature: _____ Date of Request: _____

Date received by staff: _____ Initials: _____