HIGH SCHOOL YOUTH PHILANTHROPY BOARD
GRANT APPLICATION

Complete the following form and return to: _____, Advisor
_____ High School Name
Include a copy of 501(C)(3) Letter
_____ High School Address
_____ Advisor contact info (e-mail; phone)

Name of Organization: _______________________________________________________

Address of Organization: ___________________________________________________

Contact Name: ______________________________________________________________

Phone __________________________ E-Mail: ________________________________

Requested Amount: $____________________

(Attached additional sheets, if necessary)

Please provide a description of the proposed project for which you are applying:

How will the project benefit the community, and how many people will be affected?

Please provide a Budget for your project with anticipated expenses:

You are permitted to apply to no more than TWO Youth Philanthropy groups. If you have you
applied to any other high school Youth Philanthropy group in the county in the
2019-20 school year, please complete the following:

Name(s) of high school:
Dollar amount(s) requested:
Project(s) for which you applied:

Signature of applicant: ___________________________ Date______________

Rev. August 27, 2019