APPLICATION FOR YOUTH AGE 14 - 21

(*Must be 14 at the time of application)

Fo\$ter Fund\$ Grant Request (July 1, 2022-June 30, 2023)

Fo\$ter Fund\$ are for youth 14 – 21 years of age in any type of "out of home" placement (family, group care/QRTP, supervised apartment living, shelter care, suitable other, licensed or not licensed) and are living in Iowa. Please complete an application and send it along with copies of <u>PAID</u> receipts/business invoices to the address listed below. Fo\$ter Fund\$ are "first come, first served" until funds expire. Applications that are received without paid receipts/business invoices cannot be processed. We have to make sure that the money is spent on the teen. Grants awarded at AMP's sole discretion; some teens may not be awarded. *Every item or opportunity that is granted is meant for the teen and must accompany the teen if they leave their current placement*.

ABOUT THE APPLICANT						Types of items that will be
Date of Application:		Funding Needed By (Date):				covered by Fo\$ter Fund\$ include:
Teen's Name:						Sports registrations
Date of Birth:		Age:		Grade Level:		• Sporting equipment costs (helmets, gloves, cleats, etc.)
Teen Currently	Foster/Relative CareShelter CareOther					Swimming lessons
Resides In:	Group Care/QRTP FacilitySupervised Apartment Living					 Summer camps (1 week max)
Name of Resource Parent or Facility:						Music instruments/lessons Tae Kwon Do
Street Address:				County:		Gymnastics/Dance
City:		State:		Zip:		 Prom attire (dress , shoes and tux rental, make-up, hair & nail
Phone:		Email:				expenses, corsages)
Name of Teen's Worker:		Worker's Agency:				 Senior/class trips/class ring Senior pictures
Worker's Phone:		Worker's	Email:			Graduation expenses (cap &
	ABOUT THE GRANT REQUEST					gown, announcements, parties, food, decorations,)
Give a Full Description of Grant Request and Itemize Your Request (number of lessons, cost of items, etc.):						 College application fees Bicycles Child passes (i.e. pool passes, zoo/science center passes) Furniture for the child/youth aging out
Amount Requested:	\$ Maximum request limit is \$300 per teen, per fiscal year (7.1.22 – 6.30.23)					 Electronics (computers, iPads,
Who should the check be written out to?	Foster/Relative Parent Foster Teen Shelter QRTP Facility Vendor/Business SAL Other					tablets, laptops, cell phones,video games etc.)Funds for a car purchase
Where should the check be mailed?	Foster Parent/Group Care/QRTP (address listed above) Vendor/Business (address listed below)					Types of items <u>NOT</u> covered by Fo\$ter Fund\$ include:
Name of Business and Full Mailing Address:						Medical expenses

Please sign and send to AMP. Applications that are received without a signature, receipts/invoices, cannot be processed.

Signature of Foster Parent or Teen's Worker: Date:

Send applications & receipts to: YS	SS, P.O. Box 1628, Ames, IA 50010	Attention: Samanthya Marlatt
Phone: 515-233-2250 ext. 4572	Check the status via email: smarl	att@yss.org

