



# YOUTH ORGANIZATIONS FUND RAISING OPPORTUNITY



NAME OF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

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

NUMBER OF MEMBERS: \_\_\_\_\_

AGE OF MEMBERS (Range) \_\_\_\_\_

WHERE DOES YOUR GROUP MEET, OR WHERE DO YOU CONDUCT YOUR ACTIVITIES? \_\_\_\_\_

MISSION STATEMENT (What are the primary goals of your organization?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT THE FUNDS WOULD BE USED FOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print)

\*\*IF MORE SPACE IS REQUIRED, PLEASE ATTACH A SEPARATE SHEET\*\*