



Scott County Youth Grantmaking Council Application

Name: _____ Birth date: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Current School: _____

Current Year in School: _____ Principal: _____

Parent/Guardian Name(s): _____

Address: _____

Person to contact in case of emergency: _____

Phone numbers: _____

Please list your activities/community involvement (church, sports, school, community, volunteer, work).

Activity

Length of Service

Please answer the following questions:

What are the issues you feel are important to youth today?

Why would you be a good member of the Scott County Youth Grantmaking Council?

Please attach two letters of recommendation to your application. These should be from someone who is not a family member (teacher, counselor, pastor, employer, etc.)

All applications will be reviewed by members of the Scott County Youth Grantmaking Council. You may be selected to participate in an interview before Council members. Terms begin October 1 each year.

I, the undersigned parent/guardian of _____, a minor, do hereby give permission for my son/daughter to participate in the Scott County Youth Grantmaking Council.

Parent/Guardian Signature

Date