



## Scott County Youth Grantmaking Council Application

This application is for membership on the Community Service Committee, which meets at least monthly to perform service projects. Members of this committee are also invited to attend a yearly state leadership conference as well as yearly YGC events (annual dinner, Christmas party, etc.). You will not be responsible for fundraising and grantmaking on the Community Service Committee.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade 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 Community Service Committee?

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 immediately if you are selected to serve on the Community Service Committee.

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