



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 other events such as our annual dinner and Christmas party. You will not be responsible for fundraising and grantmaking on the Community Service Committee. Members must serve at least 10 hours per fiscal year, 6 of which must be for community service projects.

Name: _____ Birth date: _____

Address: _____

Cell: _____ T-shirt Size: _____

Email: _____

Current School: _____

Current Grade in School: _____ Principal: _____

Parent/Guardian Name(s): _____

Address: _____

Parent Cell: _____

Parent Email: _____

Emergency contact (name/#): _____

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. All applicants will participate in an interview before YGC members. Terms begin October 1 if you are selected to become a member of 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