



people who care • causes that matter

## Youth Fund Advisory Committee Application

(Please type or print.)

You have been recommended as a candidate for the Youth Fund Advisory Committee of the *Community Foundation of Lorain County*. The Youth Fund Advisory Committee studies the field of Philanthropy, explores the accomplishments of Foundations, and demonstrates sound fiscal responsibility when awarding grants. Members are Lorain County students in grades 8-12 from various school districts. If you would like to be considered for membership, please complete this application form and return it along with a letter of recommendation. We look forward to hearing from you!

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle Initial) (Last Name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City & Zip)

Gender: (M/F) \_\_\_\_\_ Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of parents/guardian: \_\_\_\_\_

School You Attend: \_\_\_\_\_ Grade in September \_\_\_\_\_

Your birthday month and date? \_\_\_\_\_

1. What clubs or organizations have you participated in? Have you served as an officer?

2. What are your interests outside of school?

3. Tell us about yourself! What makes you special? (For instance, how would your best friend describe you to us?)
  
  
  
  
  
  
  
  
  
  
4. Why are you interested in being a member of the Community Foundation's Youth Fund Advisory Committee?
  
  
  
  
  
  
  
  
  
  
5. Do you work after school? \_\_\_\_\_ On weekends? \_\_\_\_\_
  
6. We meet one Sunday afternoon per month, from 1:30 – 3:30 p.m.  
**Will you make a commitment to attend each meeting for the coming school year? \_\_\_\_\_**

Your signature: \_\_\_\_\_

**Permission:** *I hereby give permission for my son/daughter to be a member of the Community Foundation's Youth Fund Advisory Committee, and to participate in all meetings and activities of the same. I understand the Community Foundation wishes to make known the success of this venture, and I therefore authorize my child to appear in photographs for publicity purposes.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE RETURN THIS APPLICATION FORM AS SOON AS POSSIBLE. BE SURE TO ENCLOSE A LETTER OF RECOMMENDATION:**

\_\_\_\_\_

The Community Foundation of Lorain County,  
9080 Leavitt Road  
Elyria, OH 44035