



Youth Fund Advisory Board Application

(Please type or print.)

You have been recommended as a candidate for the Youth Fund Advisory Board of the *Community Foundation of Lorain County*. The Youth Fund Advisory Board 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, to the address above. 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?

