



YOUTH
F U N D



Youth Fund Advisory Board Application
(Please type or print)

Congratulations! You've been recommended as a potential member of the Youth Fund Advisory Board at the Community Foundation of Lorain County! As a member of this board, you'll learn all about philanthropy (that's how people help others), discover how foundations make a real difference, and take part in making important decisions about awarding grants for our Lorain County.

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

Address: _____ Phone: _____
(Street) (City & Zip)

Pronouns: _____ Birthday: _____ E-mail: _____

Emergency Contact: _____
(Name) (Phone)

School You Attend: _____ Grade in September: _____

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! (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?

5. We meet one Sunday per month from 2:00– 4:00 pm.

Will you make a commitment to attend each meeting for the coming school year?

Note: Members can only receive a letter of recommendation if they have no more than three unexcused absences. Excused absences must be communicated in advance.

Your signature: _____

For those under 18: *I give permission for my child to join the Community Foundation's Youth Fund Advisory Board and participate in all related meetings and activities. I also consent to my child being photographed for promotional purposes.*

Guardian's Signature: _____ Date: _____

Guardian's email address: _____

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Please email the completed application to gbroome@peoplewhocare.org or send to the following address:

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