

# LANSDOWNE ALLIED YOUTH COUNCIL GRANT APPLICATION (INDIVIDUAL)

Lansdowne Allied Youth Council Grants are given to non-profit organizations or individuals for the purpose of promoting cultural and social activities for the benefit of the youth of Lansdowne. The council will consider any proposal that will serve these goals.

**NOTE:** All grant requests must be received no later than November 1<sup>st</sup> in the year in which the application is made in order to be considered in that calendar year.

Forward the proposal to: Lansdowne Allied Youth Council  
Grants Chairman  
P.O. Box 311  
Lansdowne, PA 19050

## APPLICANT INFORMATION

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**Name:** \_\_\_\_\_  
Last First Middle Initial

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**Permanent telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
(Area Code) Number

**Date of birth:** \_\_\_\_\_  Male  Female  
month/day/year (please check one)

## SCHOOL INFORMATION

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**School you currently attend:** \_\_\_\_\_

**School Address:** \_\_\_\_\_  
City State Zip Code

## FAMILY INFORMATION

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**Parent's/Guardian's Name:** \_\_\_\_\_

**Parent's/Guardian's address:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code  
**Home telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
(Area Code) Number

## SCHOOL/COMMUNITY INVOLVEMENT

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*Please list the clubs, organizations, sports, leisure activities, and community service you are involved in.*

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**GRANT REQUEST INFORMATION**

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**Name of Program:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Name of Sponsor:** \_\_\_\_\_

**Program/Event Contact Person:** \_\_\_\_\_

**Contact Person's address:** \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

**Contact Person's telephone:** \_\_\_\_\_  
(Area Code)    Number

**Cost of Program:** \_\_\_\_\_

**Projected funding from other sources:** \_\_\_\_\_

**Description of program:** \_\_\_\_\_

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**Why do you want to participate?** \_\_\_\_\_

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**GRANT REQUEST INFORMATION (continued)**

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How will this experience enable you to give back to our community of Lansdowne?

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Please provide the name of your reference person (i.e., teacher, community leader, religious leader) and provide that person with the following reference form.

Reference Person's name: \_\_\_\_\_

*Please note: the maximum amount for a Lansdowne Allied Youth Council Individual Grant is \$500.00. However, the grant amount is dependent upon the donations made to LAYC that contribution year. Applicants are encouraged to apply as soon as it is known that funds are needed, as LAYC strives to return all of its fundraising efforts back to its community's youth.*

## LETTER OF REFERENCE FORM

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Name of Applicant: \_\_\_\_\_

Program/Event for which applicant is applying: \_\_\_\_\_

Name of Reference Person: \_\_\_\_\_

Relationship of Reference Person to Applicant: \_\_\_\_\_

I have known the applicant from : \_\_\_\_\_ to \_\_\_\_\_

Reference Contact Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Reference Telephone: \_\_\_\_\_  
(Area Code) Number

*Please complete the following evaluation of the applicant.*

	Excellent	Good	Average	Poor	Unknown
1. Consideration for and interest in others and their views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Common sense and good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ability to interact with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Intellectual curiosity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ability to express himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Participation in community or extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to follow through with projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

