Form May Be Duplicated

2008-2009 Youth Advisory Council
Mini-Grant Proposal

A Program of the Community Foundation of St. Clair County

(Please Print)

Date:_____ Amount Requested $ - Be Exact:_____

Name of School: _____ Phone # of School: _____

Address:_____ City:_____ Zip:_____

Name of Program/Project/Item:_____

Name of Student Applicant:_____ Grade:_____

Name of Teacher:_____

Teacher Email:_____
(you will be contacted by this method unless you do not list an email)

Tell about your project, program or item that you wish to buy. (What is the project, program or item? Why is it needed? Why is it useful, important or special? What good will it serve, how will it help others? Who and how many will it help? How long will it last? Will any volunteers be used or needed?)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Program Budget/Cost Estimate: What will you use the funding to buy? List each item below with cost(s). Be exact. (Students are encouraged to research the prices of each article.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The following signatures are required:

_____ _____

Student (filling out application) Teacher or Parent Helper

_____ _____

School Principal Date

No Staples, Paper Clips Only.
Completed application should be delivered to:

Community Foundation of St. Clair County
Attn: Lindsay Redlawsk
516 McMorran Blvd.
Port Huron, MI 48060
(810) 984-4761

**** APPLICATION DEADLINES: Must be received at the Community Foundation office by:**

- **Deadline: February 13, 2009. You will be notified by the week of March 2, 2009.**