



**The Shirley Smith Youth Service Award
Grant Application**

Name: _____ Parent Name: _____

Age: _____ Parent Phone: _____

Address: _____ Parent Email: _____

City: _____ State: _____ Zip: _____

Contact Information:

Email: _____

Cell: _____ Okay to Text? Yes or No

On a separate page, please type or write legibly:

1. Describe your service project in detail. (2 pages maximum)
2. What is your motivation for participating in or creating this project?
3. Describe the total cost of this project (or participation fee) and how you are raising the money needed to complete this project.
4. What is your project's timeline, including your project's proposed start and end date.
5. Who is the sponsoring organization/nonprofit behind this project? Please provide:
 - a. Nonprofit name
 - b. Name and contact information for the service project supervisor.
 - c. Sponsoring nonprofit Tax ID
 - d. Sponsoring nonprofit PA Bureau of Charitable Organizations #

Applicant Name (Please print) _____

Applicant Signature: _____

Date: _____

Parent/Guardian Name (if under age 18) _____

Parent/Guardian Signature: _____