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## Targeted Activist Youth RENEWAL Application Form FOR TARGETED ACTIVIST YOUTH *CURRENTLY* RECEIVING SUPPORT

**Please Note:** The RFC Board of Directors makes all granting decisions. **The deadline for applications is March 21 for Spring grants and October 13 for Fall grants.** Please mail the completed application to the RFC at the above address. For questions or assistance, please call us at 413-529-0063. Please review the Basic Information Sheet before completing this application.

### 1. A. Name and address of targeted activist youth.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone: home (\_\_\_\_) \_\_\_\_\_

work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

\*Please circle the way you would prefer us to contact you (phone, email, etc.)

### B. Name and address of legal guardian if the targeted activist youth is under age 18.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone: home (\_\_\_\_) \_\_\_\_\_

work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

**Note:** *The legal guardian must consent to this application if the activist youth is less than 18 years old.*

\_\_\_\_\_  
Parent/Guardian Signed                      Date

### C. Gender and birth date of activist youth.

Date of birth     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender (circle one)            F            M

**NOTE:** *The targeted activist youth is required to sign this application.*

\_\_\_\_\_  
Activist Youth Signature                      Date

### D. Name and address of person completing this form if other than activist youth.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone: home (\_\_\_\_) \_\_\_\_\_

work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

## 2. Please describe the current situation of the targeted activist youth including his or her financial situation, work and living situation.

**3. Special Circumstances:** Please describe anything special about the targeted activist youth's current living situation, health or emotional state. **(For example, he/she is not living with parent/guardian or has special health needs.)**

**4. Type of Request: (Please check all that apply)**

- Regular Granting
- Carry it Forward (CIF)\*
- Development Grant for Targeted Activist Youth (TAY)

\*CIF applicants please indicate year in college or expected date of completion for other training programs, the name of your college or university, your academic major or focus (if known):

**5. If you are requesting a TAY Development Grant, please explain how you plan to use the funds and the anticipated impact of the funding. Please be as specific as possible.**

**6. Provider.** (School, camp, therapist, etc.) Grants will usually be made directly to institutions or providers **(note: there is a maximum of 2 providers per beneficiary). If you are requesting a computer, a completed Computer Request Form MUST be submitted with your application (available at [www.rfc.org/application](http://www.rfc.org/application)).**

**Please indicate if you have a non-professional relationship with the provider, such as familial ties or friendship. In most situations, we cannot provide grants to close family members for services.**

**Please check this box if this is a NEW provider**

Name \_\_\_\_\_ Nature of Service Provided (*school, camp, music, counseling, etc.*)  
Address \_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_ Email \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Website \_\_\_\_\_

**If this is a new provider, include a copy of the provider's info (website, brochure, etc.) and a letter from the provider indicating that the provider is aware of this application and is willing to cooperate with the RFC.**

**If you do not have a provider at the time of application, you may not receive the full amount requested.**

**7. Grant Request** Amount of Support Needed: \$ \_\_\_\_\_

*(Maximum Regular Granting amount is \$2,000 per child/activist youth per cycle with a \$3,000 yearly. CIF grants are for up to \$600 once a year; TAY Development grants are for up to \$1000 once a year)*

Date service to start: \_\_\_\_\_ Date service to end: \_\_\_\_\_ Any deadline we should know about: \_\_\_\_\_

**List below other sources of support for these services. (Use additional page if necessary.)**

**Attach an additional sheet if the space provided for the answer to any question is inadequate.**

**PLEASE RETURN TO: Rosenberg Fund for Children, 116 Pleasant Street, Suite 348, Easthampton, MA 01027  
OR CONTACT US FOR ASSISTANCE. IT'S OUR JOB TO BE HELPFUL.**

**PHONE: (413) 529-0063 EMAIL: [granting@rfc.org](mailto:granting@rfc.org)**