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Easthampton, MA 01027
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Email: granting@rfc.org
www.rfc.org

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: _____

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).**

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: granting@rfc.org

PLEASE CONTACT US FOR ASSISTANCE. WE ARE HERE TO SUPPORT YOU IN THIS PROCESS.