ROSENBERG FUND FOR CHILDREN *A 501 (c)(3) organization*

116 Pleasant St., Ste. 348
Easthampton, MA 01027
Phone: (413) 529-0063
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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 (____) _____

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 <u>all</u> 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.

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

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.

☐ **<u>Please check this box if this is a NEW provider</u>**

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: _____

<u>List below other sources of support for these services. (Use additional page if necessary.)</u>

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**: alli@rfc.org