

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 postmark deadline for applications is **March 21** for spring grants and **October 13** for fall grants. Send the completed application to the above email or address. *For questions, please call us (see above) or refer to the Basic Information Sheet.*

Please attach an additional sheet of paper if the space provided for the answer to any question is inadequate.

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. In as much detail as is comfortable, please describe the current situation of the targeted activist youth including financial, work and living situations as well as health and emotional state.

3. Type of Request (check all that apply): _____ Regular Grant
_____ \$600 Carry it Forward award (CIF)*
_____ TAY Development Grant**

*CIF applicants: please indicate year in college or expected date of completion for other training programs and the name of your college or university:

**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.

4A. Provider info. (Whoever will provide the services that we are paying for, i.e. school, therapist, camp, etc.)
NOTE: Maximum of two providers per child. Grants will usually be made directly to institutions or providers. If you are requesting a computer, a completed Computer Request Form **MUST** be submitted with your application (available at www.rfc.org/application).

Please check this box if this is a provider who we have NOT previously funded or worked with. (If box is checked, please include information for 4B.)

Name: _____	Nature of Service Provided (school, camp, music, counseling, etc.): _____
Address: _____	_____
_____	Email: _____
Phone: (____) _____	Website: _____
Amount: \$ _____	Start date: _____ End Date: _____ Any payment deadline we should know about?

Please check this box if this is a provider who we have NOT previously funded or worked with. (If box is checked, please include information for 4B.)

Name: _____	Nature of Service Provided (school, camp, music, counseling, etc.): _____
Address: _____	_____
_____	Email: _____
Phone: (____) _____	Website: _____
Amount: \$ _____	Start date: _____ End Date: _____ Any payment deadline we should know about?

NOTE: *If you do not list a provider at the time of application, you may not receive the amount requested.*

4B. Provider Letter: Only for **new providers**. Please include a letter from the provider indicating that they are aware of this application and are able to work with the RFC.

4C. Do you have a **non-professional relationship** with either providers listed above, such as familial ties or friendship? Yes No If yes, please specify: _____

PLEASE NOTE: CIF Awards are \$600. Maximum grant amount is \$2,000 per child, per cycle with a \$3,000 yearly limit AND a maximum of \$7,500 per family per granting cycle.

5A. If your total request for this child is \$1,500 or more, please explain why this amount is needed:

5B. Please list any other sources of financial support for these services:

RETURN TO: Rosenberg Fund for Children, 116 Pleasant Street, Suite 348, Easthampton, MA 01027 OR: granting@rfc.org