



Youth Enrichment Fund

All applications will remain confidential between the parties named herein. The Foundation will notify you within 72 hours upon receipt of this completed form. The spirit of the fund is to support youth in activities that they might not otherwise be able to participate in. The fund will not pay for medical expenses and will not reimburse events or activities that have already occurred. Funding varies as it is dependent upon the amount of funds available at the time of application. On average, funding doesn't exceed \$150 per request, however special circumstances will be reviewed and considered. The Youth Enrichment Fund funds on a trimester system: 1st trimester: January-April, 2nd trimester: May-August, 3rd trimester: September-December. The fund will only fund an applicant once per trimester.

Application for Funding-One Topic/Youth Per Application

Date _____

Name of Youth: _____ Name of Parent/Guardian: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Persons In Family/household	Household Income
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

Please check one circle:

Is the youth household income below the income guidelines?

Yes No

Going through change or crisis (divorce, death, health issues, job loss)

Yes NO

Age of Youth: _____

Amount to participate:

\$ _____

Amount Requested from Fund:

\$ _____

Describe the activity and be specific (If the activity is dance classes, please include which dance class and how many hours per week): _____

Duration of the activity: _____ How many classes/meetings? _____

Briefly describe how this activity will benefit the youth: _____

Have you checked to determine if scholarships are available from the service provider or elsewhere? Yes or No. If yes, have you applied? Yes or No

If yes, what was the outcome? _____

What is the youth participant and/or the family's plan for obtaining the total amount of funding needed to participate?

List other information pertinent to the application: _____

Service Provider Information (All grant awards are made payable directly to the provider):

Name of Service Provider: _____ Contact Person: _____

Phone Number: _____

Mailing Address: _____

Applicant Signature:

Adult Signature: _____

Foundation Only:

Date Application Received (to be completed by the Foundation): _____



For more information, or to return completed application to: info@rlacf.org, or P.O. Box 1871, Red Lodge, MT 59068 or at the Foundation offices located at 122 Hauser Avenue South, in grey drop box located in the entryway (slot on top).

Call 446-2820