

DOT LARRABEE YOUTH DEVELOPMENT FUND APPLICATION

Name: _____ Date: _____

Address (place you can be reached): _____

Phone: _____ Email: _____ Age: _____

Please check all N.B. programs that you have been involved with in the last 12 months:
Transitional Living Program/CLP _____ Outreach Case Management _____ Shelter _____

1. Why are you requesting money from the Dot Larrabee Youth Development Fund? Please identify the items you want funded: _____

2. Please identify any other sources of funds that will be used to help pay for this activity (other scholarships, loans, your own money, etc.): _____

How does this request fit into your long-term goals? _____

Feel free to attach additional paper if you need more space.

Amount requested: _____ Date money is needed: _____

Please complete the following information that applies to you. Responses may not necessarily determine eligibility for funding.

You may select a staff member from one of the New Beginnings programs or another individual (DHS worker, teacher, friend) to assist you with this application, to advocate on your behalf and verify the need for funds.

Name of advocate: _____ Phone: _____
Relationship to you: _____

Do you attend a school program? Yes _____ No _____
If yes, Name of School: _____
School Contact (teacher or guidance counselor): _____
Phone Number: _____

Are you employed? Yes _____ No _____
Work name and address: _____
Work contact (supervisor): _____ Phone: _____

Are there any days or times that you are not available to be interviewed by the DLYDF committee?

Thank you for applying to the Dot Larrabee Youth Development Fund. Your application is very important to us. We will review your application and contact you.

In signing this I agree to allow the DLYDF committee to verify all above information and to contact all individuals listed above.

Applicant signature

Date

For Office Use Only

Date application received: _____

Date of interview: _____

Is applicant eligible? Yes _____ No _____

Amount allotted: _____

Was request granted? Yes _____ No _____

Date needed: _____

Funds will be sent to: _____

Contact: _____

Follow-up/monitoring procedure (target date and person responsible): _____

Results of follow-up: _____