

Youth Development awards of up to \$500 are for CURRENT New Beginnings clients to develop personal skills, talents, and leadership (e.g. fees/supplies for an art class or sport clinic, extracurriculars, driver's ed, attending a conference).

Name: _____ Age: _____ Date: _____

Address (place you can be reached): _____

Phone: _____ Can get texts? __Yes __No Email: _____

Please check all N.B. programs that you are currently involved with/getting services from:

Transitional Living Program/CLP

Marian's Place (Shelter)

Outreach Case Management

Education & Employment Support

Other: _____

1. **Why are you requesting money from the Dot Larrabee Youth Development Fund? Please identify the items you want funded.** Example: *I am requesting money from the Dot Larrabee Youth Development Fund to pay for driver's education classes.*

2. **Why are the things you're seeking funding for important to you?**

Example: *It is important to me to do driver's education because it will allow me to be more independent in the future.*

3. **Tell us how the things you're seeking funding for are connected to your long-term goals or will help develop your life skills, leadership, or personal talents and interests?** Example: *In the future I would like to be able to get a job in an area with no public transportation, and having my license will help me do that.*

4. **What is the total amount of money you are requesting?:** _____

The fund will need to see proof of these costs before making an award – please attach any info you have about costs. If an award is made, New Beginnings will purchase items or pay registration fees directly to vendors.

5. **Are you able to contribute any of your own money to this request? If so, how much?**

6. **Please identify any other sources of funds that will be used to help pay for this request** (scholarships, loans, your own money, work, etc.)

7. **When do you need the funds? (Please estimate a date):** _____

OPTIONAL: 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: _____

8. Do you attend a school or training program?

___ Yes

___ No (If no, what was the last school you attended and when? _____)

If **YES**, Name of Current School: _____

School Contact: (teacher, guidance counselor, program director): _____

Phone Number: _____

9. Are you employed?

___ Yes

___ No (If no, list where you worked the last time you had a job: _____)

If **YES**, Current 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 (DLYDF). Your application is very important to us. We will review your application and contact you for an interview.

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:

Please Return form to: NEW BEGINNINGS LARRABEE FUND 134 College St Lewiston ME 04240 or FAX to 207-795-4080

For Office Use Only

Date application received: _____ Date of interview: _____ Is applicant eligible?: Yes No

Was request granted? Yes No Amount allotted: _____

Date needed: _____ Funds will be sent to: _____

Contact information: _____

Follow-up results (date _____): _____