

Application for Clifford R. Nyquist Youth Leadership Award

Name (Last, First, MI): _____

Current Address: _____

City/Town: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Birth Date (mm/dd/yyyy): _____ Age: _____

1. Briefly describe your objective or opportunity:

2. Amount of funding requested: \$ _____ (Max. of \$250.00 for 2007)

3. Funds should be made payable to: _____

4. Describe your timeframes/deadlines and specifically how these funds will be used:

5. Describe your personal, measurable goals and objectives and how this grant will help to achieve these goals (500 words. Use a separate sheet of paper.)

6. List three references, who are not related to you and whom we may contact regarding this application:

Full Name: _____ Phone: _____ E-mail: _____

Relationship (neighbor, teacher, coach, etc): _____

Full Name: _____ Phone: _____ E-mail: _____

Relationship (neighbor, teacher, coach, etc): _____

Full Name: _____ Phone: _____ E-mail: _____

Relationship (neighbor, teacher, coach, etc): _____

7. Applicants are required to meet with the selection committee prior to award determination.

By my signature below, I confirm that the written answers submitted reflect work produced by me, unedited by others.

Signed: _____ Date: _____