

Application for Youth Enrichment Programs and Service Projects

Please provide the following information if you want to participate in either a self-enrichment program (camp, seminar, classes) or in a community service project.

ALL APPLICATIONS SHOULD BE SUBMITTED TO: Beth Reeves, 314 Atkins Ave., Lancaster, PA 17603
Questions? Contact Beth.

YOUTH NAME: _____ PARENT(S): _____

ADDRESS: _____
Street City ZIP

EMAIL: _____ PHONE: _____

DATE OF BIRTH: _____ SCHOOL: _____ GRADE: _____

IF OUT OF SCHOOL, OCCUPATION/EMPLOYER: _____

YOU OR YOUR PARENTS AFFILIATION WITH
LANCASTER MONTHLY MEETING (Check 1) _____ MEMBER(S) _____ ATTENDER(S)

FOR YOUTH ENRICHMENT PROGRAM APPLICANTS ONLY (Service project applicants, please use other side.)

NAME OF ACTIVITY OR EVENT: _____

DATES: _____ LOCATION: _____

WHAT DO YOU HOPE TO GET FROM THIS PROGRAM? WHAT INTERESTS YOU ABOUT IT?

TOTAL COST: \$ _____ AMOUNT YOU ARE REQUESTING: \$ _____
(see addendum for details) YOUR FAMILY'S CONTRIBUTION: \$ _____
FROM OTHER SOURCES: \$ _____

STATE IN DETAIL ALL NECESSARY INFORMATION ABOUT WHEN AND WHERE FUNDS SHOULD BE SENT AND WHO THE CHECK SHOULD BE MADE OUT TO:

NAME OF ORGANIZATION OR TREASURER: _____

FULL MAILING ADDRESS: _____
Street or Post Office Box

_____ City State ZIP

FOR SERVICE PROJECT APPLICANTS ONLY (Enrichment program applicants, please use other side.)

NAME OF SERVICE PROJECT/ORGANIZATION: _____

DATES OF YOUR SERVICE ON THIS PROJECT : _____

LOCATION OF ACTIVITY: _____

DESCRIBE YOUR SERVICE PROJECT (250 word minimum). WHY DO YOU WANT TO DO THIS SERVICE? WHO WILL IT BENEFIT?

IF YOU ARE WORKING ON A PROJECT WITH AN ORGANIZATION:

NAME OF CONTACT OR PROJECT SUPERVISOR: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

IF YOU ARE WORKING ON THIS PROJECT BY YOURSELF:

NAME OF MENTOR/SPONSOR/PARENT WHO WILL OVERSEE YOUR WORK: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SUPPORT COMMITTEE (2 OTHER MEETING MEMBERS WHO WILL PROVIDE SUPPORT/GUIDANCE ON YOUR PROJECT:

1) NAME: _____

EMAIL: _____ PHONE: _____

2) NAME: _____

EMAIL: _____ PHONE: _____

FUNDS NEEDED FOR THIS SERVICE PROJECT:

TOTAL: \$ _____ IF OVER \$100, PLEASE ITEMIZE EXPENSES ON A SEPARATE SHEET.

OTHER FUNDING SOURCE? _____ AMOUNT: \$ _____

STATEMENT OF AGREEMENT: *I agree that when I finish my project, I will provide itemized receipts for all expenses and I will give a report in one month to the Youth Service Committee. I will consider giving an oral report to Meeting about my project.*

Your signature: _____ Date: _____