**Sharon Youth Fund Application Form**

Website：<https://sharonchinese.org/sharonyouthfund>

**Note: Sections B – E could be provided in separate paper as attachment.**

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| **A. Applicant information** | | |
| **Date** | |  |
| **Name (Last, First)** | |  |
| **School and Grade level** | |  |
| **Email** | |  |
| **Phone Number** | |  |
| **Budget amount** | |  |
| **B. Introduction** – Briefly introduce the proposed work. (~100 words) | | |
| **C. Philosophy** – Explain how the activities contribute to the physical, emotional, or intellectual well-being of the visiting patient of the Shriners. (~150 words) | | |
|  | | |
| **D. Goals** – Describe what you want your guest (patient of the Shriners) and yourself to gain from the activities, and the type and amount of support that you may need to achieve your goals. (~150 words) | | |
| **E. Budget and plan narrative** – List total budget and describe how you would use the grant funds. Allowable expenses include (but are not limited to) materials, supplies, food, travel for purposes of interacting with patients, and equipment to be used for the proposed work. Salary for the applicant is not allowed. (~250 words) | | |
|  | **F. Please design a poster (a combination of pictures, text, diagrams, etc, in Power Point or PDF format) that summarizes your proposal. Submit this application form, the poster file and other attachment to** [**syf@sharonchinese.org**](mailto:syf@sharonchinese.org) **by 5:00pm on May 20.** | |
| **Student Signature Date** | | |
| **Parent Name (Please print) Signature Date** | | |