



Grant Application

Leelanau Township Community Foundation Youth Advisory Council

Your Contact Information

| | |
|----------------------|--|
| Name | |
| Billing address | |
| City | |
| State | |
| ZIP Code | |
| Telephone (home) | |
| Telephone (business) | |
| Fax | |
| E-Mail | |

Date of Application: _____

Name of Organization: _____

Purpose of Organization: _____

Purpose of Grant Request*: _____

***Please type a one page summary on how this benefits youth in the community as a whole**

Have you asked another source for money?

If so, what source?: _____

Amount Requested

Total Project Cost

| |
|--|
| |
|--|

Sign and Date Below

| |
|--------------|
| Signature(s) |
| Date |

Submit completed YAC application to:

Jenny Evans
Northport Public School
(231) 620-8828