

# The Young Family Foundation Application for Grant



THE YOUNG FAMILY  
FOUNDATION

## Personal Representative

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Organizational Information

Name: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Requesting: \$ \_\_\_\_\_

Describe Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your organization have a 501(C)3 exemption status? \_\_\_\_\_ *(Please provide documentation of 501(C)3 status.)*

Describe activities in which the organization has been involved in raising funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe exactly how the funds will be used to advance the tax-exempt purpose of the organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information which would be meaningful in the decision to fund grant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- **Please provide an itemized list of intended purchases along with this application.** -----

Organizational Administrator or Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please submit Grant Applications to  
The Young Family Foundation - Attn: Grant Committee - PO Box 329 - Ganado, TX 77962  
Phone: 361-771-3331 x113 - Fax: 361-771-2180 – Email: grants@youngfamilyfoundation.com

*Grant applications received by the Young Family Foundation before September 1<sup>st</sup>  
will be eligible for consideration for the same year.*