



Simple Kindness for Youth, Inc. Grant Request Form

Mission Statement

To help young people build and maintain their self-esteem by providing means to access basic needs, enable them to feel accepted with their peers, and enable access to educational activities and community participation.

- Grant submitters must be professionals working directly with students who are not directly related to the student, or profit from grant money.
- While SKY has no financial criteria for students who would qualify for a grant, we trust our grant requestors to judge that individuals are in need.
- If more than five students are referred for the same activity or item, the grant may be subject to a vote by the board of directors. Please use only one request per application and apply only for students who are financially in need.
- Requester is responsible to insure the grant, if approved, will be spent for the intended person and purpose stated below. No checks will be made out directly to the family or recipient.
- In most cases, checks are mailed to the grant requester within 2 weeks.
- Thank you for being the eyes and ears of SKY and caring for students in our community!

Child's Last Name	Child's First Name	Age	Sex	Grade	School
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Item(s) requested for this child: _____

Education Needs/Incentives
 Clothing
 Camp
 Field trip/conference
 Extra Curricular Activity

Other (explain): _____

How will this benefit the child? _____

Submitted by:	Title:	Address:	Phone Number & Email:
Requested Amount (\$175.00 maximum – amt. subject to change): \$	Make Check payable to:	By signing in this box, I agree to submit receipts after purchase (A thank you card from the child would also be appreciated). Signature: _____ Date: _____	

If you have any questions, please call 482-4250, ext. 168 or email: info@simplekindnessforyouth.org
Return SKY Application to the address below with a **self-addressed, stamped envelope**. *Please keep a copy of the grant application for your records.

Simple Kindness for Youth, Inc.
Copper Country Intermediate School District
809 Hecla Street
Hancock, MI 49930

For SKY use only

Approved or denied by: _____ Date: _____

Approved or denied by: _____ Date: _____

OR Vote by Board of Directors? Date: _____

If denied, reason for denial: _____