Patricia Hill Schieffer's Village Family Foundation Individual Grant Application

Grants are available to individuals who meet the following qualifications:

- Individuals must be 23 years of age or younger
- Individuals must have experienced the loss of one or both parents due to death or abandonment

Applicants and their mentor or advisor are required to complete the following application in its entirety. The job of the mentor is to oversee the application process and to provide support to the applicant in his or her activity. The mentor cannot derive personal financial gain from the applicant receiving the grant. The amount of money to be granted to an individual applicant can be in any amount not to exceed \$5,000.00. The amount and number of grants awarded each year will be determined by the number of qualified applicants and the amount of funds available.

Documentation of use of funds will be required of grant recipients by the Foundation. Completed applications should be mailed to the Patricia Hill Schieffer's Village Family Foundation, P.O. Box 869, Westmont. IL, 60559.

	Please describe in one paragraph your reasons for applying for supp Foundation and how such an award will be used. A parent or mento	
Name of applicant	necessary. Attach separate sheet or documentation if necessary.	
Address		
Phone number		
Cell Phone or e-mail		
Age at time of request Grade Level		
Today's Date		
Parent/Mentor Name		
Address (if different)	To be filled out by Parent/Mentor. How do you believe the applicar from Foundation funding? How will you ensure success in this activ	
Parent/Mentor Phone/e-mail		
Relationship to applicant		
Organization providing services, activity or equipment		
(If applicable, checks will be made out only to the organization providing the activity or equipment and not the applicant or family.)	Touris, that the share information and any attached statements are	
Name	I verify that the above information and any attached statements are a Signature of Applicant	Date
Address	Signature of Applicant	
	Signature of Parent/Mentor	Date
Amount Requested		
Cost Breakdown	I give permission to the use of photographic images of the applicant	for Foundation
	marketing purposesyes: Parent or guardian signature	Date