

Thelma Wright Youth Mission Grant Application

Name of Individual or Group Applying for Grant _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ e-mail _____

Name of Specific Youth Responsible for the Proposal _____

Telephone number of Youth Responsible for the Proposal (if different from above) _____

E-mail address of Youth Responsible for the Proposal (if different from above) _____

Age level of individual/group applying for the grant (middle, high school or both) _____

Estimated number of participants working on the project _____

Estimated cost of project _____

Amount requested from The Koinonia Foundation _____

Name of Supervising Adult _____

Relationship of Supervision Adult to Applicant _____

Telephone number of Supervising Adult _____

E-mail Address of Supervising Adult _____

Please attach a detailed description of the proposed mission project. Include dates, purpose of the project, and other pertinent information about the project. Include information regarding who the targeted recipients are and how the project will benefit the recipients.

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Signature of Supervising Adult _____ Date _____

By signing this application the supervising adult agrees that he/she understands the purpose and scope of the mission project outlined above and takes the responsibility of supervising the youth through the process. If at any time during the process The Koinonia Foundation has questions about the project or the youth involved, the supervising adult agrees to speak with any board member of The Koinonia Foundation.

It is further agreed and acknowledged that the Koinonia Foundation may use any materials, tangible or intangible prepared by or generated as part of its promotional materials.

*** Application May be Reproduced or Duplicated