

# 2022 LEADERSHIP OLATHE YOUTH LEADERSHIP GRANT APPLICATION

Youth Leadership Funds are awarded to programs focused on leadership related initiatives. Fund recipients must be a registered nonprofit organization. The Olathe Chamber of Commerce Foundation Youth Leadership Funds, administered by the Greater Kansas City Community Foundation, will be award to those who are most in need and meet application requirements. The Olathe Chamber of Commerce Board of Directors is the governing body for the distribution of funds based on the recommendation of the Board appointed Foundation Funds Review Committee.

**This form must be completed and submitted no later than Monday, November 15, 2021 to be considered for 2022 funding.** Limited scholarship funds are available. If you have any questions, please contact Brad Cornell at bcornell@olathe.org. Grantees will be notified by December 20, 2021.

Please complete the following questions.

Individual or organization requesting youth leadership scholarship funds: \_\_\_\_\_

Please include your nonprofit tax ID number: \_\_\_\_\_

How many students will be impacted by this funding?

\_\_\_\_\_

What is the time frame for your project?

\_\_\_\_\_

What is the mission of your organization? Feel free to include a budget to show total income and expense of project)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the name(s) of the program(s) for which scholarship funds are requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly explain the goals for this project:

\_\_\_\_\_

\_\_\_\_\_

Please detail how program success is measured:

\_\_\_\_\_

\_\_\_\_\_

How is the program and/or are program participants currently funded?

\_\_\_\_\_

\_\_\_\_\_

Have you or your organization received leadership scholarship funds in the past? If yes, please specify:

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Will you be receiving funding from other sources (other than self)? If yes, please specify:

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In the space provided below, please explain why you are seeking financial assistance for the program:

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What dollar amount are you requesting?

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Name of individual completing request: \_\_\_\_\_

You may submit additional supporting documents with this application, such as an annual report or program brochure.

**Contact Information**

Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Website \_\_\_\_\_