



HENRY COUNTY COMMUNITY FOUNDATION
TASC YOUTH GRANTS COMMITTEE APPLICATION FORM

Name Date of Birth

Home Address

Home Telephone Male Female

Email

School School Telephone

Guidance Counselor's Name

Year in School Parent/Guardian Names

I understand that the Youth Grants Committee's application form is to be completed to the best of my ability.

Signature of Applicant _____ Date _____

I approve of _____ being involved in the Youth Grants Committee's activities.

Signature of Parent/guardian _____ Date _____

If you have any questions about either the application or the committee, please contact
Katina Reedy, Program Director
katina@henrycountycf.org
765-529-2235
Henry County Community Foundation, Inc.
www.henrycountycf.org
PO Box 6006
700 South Memorial Drive
New Castle, IN 47362

1. It is very important that you attend at least 90% of all the meetings. If there are existing commitments that may affect your involvement with the committee, please describe them.

2. Briefly describe your involvement with school activities and include any prizes, awards, and recognition that you have received.

3. Describe any previous involvement with community groups, organizations, and other individual services with which you have participated.

4. What are your interest, hobbies, and special talents? Please describe each briefly and why they appeal to you.

5. What do you think a leader is and what should his/her character be like?

6. Imagine you are a major leader in Henry County. A news editor asks you what problems or topics need to be addressed today. What should your response be?

7. Name three leaders you admire. What sets them apart from all other leaders?

8. What would you expect to gain from this program?