



Your Name:
Your School:
Your Grad. Year:

Youth Advisory Committee Application

Our Mission: To be a resource for the youth in our community by providing positive solutions to the challenges and problems they face.

Our 4CCF Youth Advisory Committee (YAC) members will:

- Develop an understanding of philanthropy and service
- Attend nine meetings per school year. Meetings are held on Sundays, typically at 5 p.m. Occasionally attend special events, meetings, service projects, or training sessions
- Review scholarship applications and quarterly grant requests

Answer the following:

1. Hypothetically, if you had \$3,000 awarded to your school, what specific difference would you wish to make? What need or gap would you address with those funds?

2. How do you envision youth helping in your community? We are looking for your ideas.

After you have read the expectations and answered the questions, indicate your commitment to serving on the Youth Advisory Committee by initialing each line and signing below:

_____ I agree to develop an understanding of philanthropy and to provide service in my community

_____ I agree to attend the monthly committee meetings, including scholarship/grant committee meetings

_____ I will make every effort to attend special events or trainings when they are scheduled

Contact Information (please print)

Signature	Name (print)
Street Address	Phone
City State Zip	Email address

Youth Advisory Committee Release Form

(to be completed by parent or guardian)

Dear Parent/Guardian:

On behalf of Four County Community Foundation, I would like to welcome your son or daughter as an applicant to our Youth Advisory Committee. Our Youth Advisory Committee (YAC) demonstrates philanthropy and leadership in our local community through grantmaking from our Kellogg Youth Fund, and through service projects and other activities. We look forward to working with all of our YAC members!

YAC members are required to attend meetings and service projects in many locations. Please review, sign, and include this release form with the YAC application page. If you have questions, comments, or ideas, contact me at kdickens@4ccf.org or 810-444-8852 or our YAC Advisor, Maria Brown, at mbrown@4ccf.org.

Sincerely,
Kathy Dickens
Executive Director

My student, _____ (print student's name), has my permission to attend meetings and special events of Four County Community Foundation's Youth Advisory Committee.

I understand that these meetings and events may take place at various times and locations during school hours, before or after school hours, or on the weekends.

I agree that I will not hold Four County Community Foundation, its adult advisors, or its sponsors responsible for any injury or accident that my son/daughter may incur during or in transit to and from Youth Advisory Committee activities.

I also give permission for my son/daughter's picture to be used in newspapers, social media and 4CCF website.

Parent/Guardian Signature	
Parent/Guardian Name (please print)	
Parent/Guardian Telephone	
Parent/Guardian Cell	
Parent/Guardian email address	

