

Burke Youth Organized Philanthropists
Sponsored by the Community Foundation of Burke County (CFBC)
APPLICATION

Want to recommend which community projects should receive grants?
Address important needs in Burke County? Learn skills that will enhance your career path?
APPLY to become a member of the 2024-2025 Burke Youth Organized Philanthropists (BYOP)

What is BYOP?

BYOP exists to engage and empower youth through learning and serving to strengthen our community.

BYOP is a group of high school students who work together to identify community needs, research nonprofits, review grant applications and make funding decisions. The organization will award funds to nonprofits selected to receive grants in May of 2025.

Who can participate?

Students will be selected to participate in the program based on the following criteria:

- High school students in grades nine, ten or eleven (at the time of application) who reside in Burke County – students may be enrolled in Burke County Public Schools, a recognized homeschool, Burke Middle College or North Carolina School of Science and Math (NCSSM).
- Commitment to attend monthly meetings from September to May and complete independent work between meetings.
- Demonstrate sincere interest in public service and participation in the program.
- Accept up to 22 students each year who reflect the diversity of Burke County. Each school may have up to this number of students selected (based on proportional representation):
 - Burke Middle College 2
 - Draughn High School 4
 - East Burke High School 4
 - Freedom High School 4
 - Homeschools 1
 - Patton High School 4
 - Hallyburton Academy 1
 - NCSSM 2

Questions?

- JJ Musgrove, CFBC President/CEO, at jmusgrove@cfburkecounty.org or call (828) 437-7105

DEADLINE: June 21, 2024

Return Application To: Email: jmusgrove@cfburkecounty.org

Mail To: Community Foundation of Burke County
 PO Box 1156
 Morganton, NC 28680

**THE COMMUNITY FOUNDATION OF BURKE COUNTY
BURKE YOUTH ORGANIZED PHILANTHROPISTS' APPLICATION**

APPLICANT INFORMATION

Name: _____
Last
First
Middle
"Goes By"

Permanent Address: _____

Email: _____ Telephone: _____

How do you prefer to be contacted? (Circle One): Email Telephone

Date of Birth: _____ Place of Birth (City/State or Country): _____

Ethnicity (Optional): _____ Grade in Fall of 2024: _____

High School: _____
School Name
School Phone Number

FAMILY INFORMATION

(List first, the parent/guardian you live with most, if you are still living with your parents or a guardian)

Parent/Guardian: _____
First Name
Last Name
Cell Number

Work Number: _____ Home Number: _____

SCHOOL ACTIVITIES

In the space provided below, please list extracurricular activities in which you are or have participated in while attending high school. Include clubs, sports, student government, fine arts, etc.

ACTIVITY	9 th	10 th	11 th	12 th	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

COMMUNITY & PERSONAL ACTIVITIES

In the space provided below, please list community, church/synagogue and personal activities in which you are or have participated while attending high school. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time.

ACTIVITY	9 th	10 th	11 th	12 th	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

Please provide answers to the following questions:

1. Why do you want to participate in Burke Youth Organized Philanthropists? _____

2. What skills can you contribute to the organization? _____

3. How did you learn about Burke Youth Organized Philanthropists? _____

4. Please describe an issue you think is important for youth in Burke County and how you think that issues should be addressed?

RECOMMENDATIONS

Please submit **one (1) recommendation** from a teacher or school official, a club or community sponsor/advisor or any non-family member. The recommendation should be attached to the application in a sealed envelope with signature across the seal.

CERTIFICATION

In voluntarily submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Guardian/Parent Signature Indicating Approval for Student Participation: _____
Date _____

- **Before submitting this application, please make a copy for your records.**
- **Do not use staples, since application must be copied.**

For more information, contact:

JJ Musgrove, President/CEO, Community Foundation of Burke County ~ Telephone: (828) 437-7105 ~

E-mail: jmusgrove@cfburkecounty.org

APPLICATION DUE BY JUNE 21, 2024