

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 2016: _____

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.

Student Name: _____

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? _____

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 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:

Sara Black, Burke Youth Organized Philanthropists Director: sarab44@gmail.com

Nancy Taylor, The Community Foundation of Burke County ~ Telephone: (828) 437-7105 ~ E-mail: nwtaylor@cfburkecounty.org