

**DWIGHT STUART YOUTH FUND**  
**■ APPLICATION COVER SHEET ■**

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Date: \_\_\_\_\_

**ORGANIZATION INFORMATION**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code, Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Highest Ranking Staff Member: \_\_\_\_\_

Title: \_\_\_\_\_

**PROJECT / PROGRAM INFORMATION**

Project / Program Title: \_\_\_\_\_

Constituency Served (ages and number of children and youth): \_\_\_\_\_

Geographic Region Served: \_\_\_\_\_

Total Organization Budget (\$): \_\_\_\_\_

Total Project / Program Budget (\$): \_\_\_\_\_

Amount Requested from DSYF (\$): \_\_\_\_\_

Previous DSYF Grant(s): \_\_\_\_\_  
Amount(s) / Year(s)

Explain specifically what the requested grant will be used for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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