

The Earl & Stelouise Sauder Youth Assistance Fund

A Fund with the
EMPORIA COMMUNITY FOUNDATION
GRANTS APPLICATION

Date: _____

Purpose: _____

If applicable: Approx. number of Youth under 18 directly affected by this request: _____

Requesting Organization: _____

501 c (3) Org.? Y _____ N _____

Address: _____

Telephone: () _____ Email Address: _____

Total Cost of Project: _____ Amount Requested: _____

Contact Person: _____

Narrative Summary of Project (200 words or less):