



Youth Inspired Philanthropy Project Application

The YIP Project Program is an exciting opportunity for youth and young adults to use their creativity, compassion, and love of their community to make a difference.

Project Name _____

Name of Individual or Group Completing Project _____

First and Last Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Check the way(s) you would prefer to be contacted.

- ☐ Email
- ☐ Phone
- ☐ Text

MENTOR/PARENT/TEACHER/LEADER INFORMATION.

You must have their approval before applying.

Mentor Address _____

Mentor Email _____

Mentor Phone _____

Check the way(s) you would prefer to be contacted.

- ☐ Email
- ☐ Phone
- ☐ Text

How did you hear about the contest? Check all that apply

- | | |
|--|---|
| ☐ School | ☐ Radio/Newspaper |
| ☐ Club/Organization | ☐ Friend/Relative |
| ☐ Social Media | ☐ YIP or KCFF Presentation |

MORE ABOUT YOU OR YOUR GROUP

What grade range does your group fit into? Select the grade range of the oldest participant.

- ☐ 3rd-5th Grade
- ☐ 6th-8th Grade
- ☐ 9th-12th Grade

How many people are in your group? _____

List their full names and ages below.

PROJECT DESCRIPTION

The following questions are your chance to tell us what you want to do to make your community a better place.

In one sentence, tell us what your project is about. _____

Tell us more by providing a complete description of your project. Write on the back or add another page if needed. _____

Does your project meet ALL of the following qualifications? Check all that apply.

- ☐ Has a positive impact on the community
- ☐ Can be completed by the project deadline in the YIP Guideline
- ☐ Project results directly benefit Keith County, Nebraska
- ☐ Is charitable, focusing on serving the public interest or common good
- ☐ Directly involves youth in the work and project completion
- ☐ Any community organization that benefits from the project has been contacted and given permission

Who will this project serve? _____

What impact will this have on your community? _____

Who is going to help you make it happen? _____

If your project benefits a community organization or group, you must have permission from that group to complete your project BEFORE you turn in this application. An example would be to talk to the Senior Center before you plan to bake cookies for them. If this applies to you, who did you speak to?

Organization Name _____

Organization Contact Person _____

Date Organization Contacted _____

**You may also need permission if you need to use an organization's space or need their help. For example, if you need to a teacher and a classroom to complete your project.

PROJECT EXPENSES

Determining expenses ahead of time will make your project flow more smoothly and will help you ask for what you need and how you will spend the YIP project money. Please list the items, description, quantity and cost below. There is a worksheet at <https://www.keithcountyfoundation.org/youth-philanthropy> or by scanning the code at right.



Here is an example:

ITEM	DESCRIPTION	QUANTITY	COST	TOTAL
Board	6 ft	4	\$10	\$40
Nails	1 box	1	\$5	\$5
Signs	Promotion	2	\$5	\$10

In our example, the total costs are $\$40 + \$5 + \$10 = \55

Your total cost to complete your project: _____

If your project exceeds \$1,000, how will you cover the costs not funded by the contest?

FINAL CHECKLIST

Before you submit your application, please be sure all the items below are complete.

- ☐ Reviewed the YIP Project Program Guidelines on the KCFF website
- ☐ Completed all questions on the application
- ☐ Made note of required participation dates in the Guidelines and on the website
- ☐ Determined who will represent your project at the required events
- ☐ Reviewed the sample scoring rubric
- ☐ Completed and included Media Release and Consent Form
- ☐ Completed and included my display/presentation pieces with the application
- ☐ I understand my project must be completed by September 1
- ☐ I have received all permissions necessary to complete my project.

If you have difficulty filling out this application, please contact Barb Jeffres, Laura Kemp, or Kayla Schmittler for assistance. Their contact information is listed in the guidelines. All applications, along with the completed media release, consent form and supporting documentation, must be submitted by the dates listed in the Guidelines and on the website.

Contact Information for the Youth Inspired Philanthropy Project:

YIP Project, PO Box 104 Ogallala, NE 69153, or
Email us at: info@keithcountyfoundation.org with "YIP" In the subject line
so your questions can be forwarded appropriately. Thank you!

Signature _____

Printed Name _____

Date _____