

**PONCA YOUTH ENRICHMENT FUND**

**APPLICATION/FUNDING REQUEST**

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

Name of applicant: \_\_\_\_\_

Parent or Guardian of applicant: \_\_\_\_\_

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

Phone contact number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Age at time of application: \_\_\_\_\_

Grade level in school (if school aged): \_\_\_\_\_

Enrollment number: \_\_\_\_\_

Activity or item for which funds are being requested: \_\_\_\_\_

Method of payment (check one):

Reimbursement

Direct Payment

Vendor: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Available amount to youth at time of application: \_\_\_\_\_

\_\_\_\_\_  
Signature of approval  
PYEF Committee member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - PYEF Committee member