SAN BENITO YOUTH SERVICES, INC.
REQUEST FOR FUNDING
APPLICATION

A. Organization/Agency Applying: **Amount Requested:_____**
Date Submitted: _____

Agency Name_____ Address_____

City_____State_____Zip_____ Phone#_____

Submitted by:_____ Title_____ FEIN No._____
(Non Profit)

B. Student Appling: **Amount Requested:_____**
Date Submitted: _____

First Name_____ Last _____M.I._____

Address_____ City_____State_____Zip_____

Home Ph# _____ School _____Student's Age:_____

C. Briefly explain below how funds will be used:

(Attach additional sheets if necessary.)

D. Funding Review Committee
Date Reviewed:_____Approved:_____Denied:_____Award Amount_____

Reason Denied: