DWIGHT STUART YOUTH FUND
■ APPLICATION COVER SHEET ■

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:

_____

_____

_____

_____

9595 WILSHIRE BOULEVARD ■ SUITE 212 ■ BEVERLY HILLS ■ CALIFORNIA 90212
PHONE: (310) 777-5050 ■ FAX: (310) 777-5060 ■ EMAIL: admin@dsyf.org

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9595 Wilshire Boulevard ■ Suite 212 ■ Beverly Hills ■ California 90212
Phone: (310) 777-5050 ■ Fax: (310) 777-5060 ■ Email: admin@dsyf.org