

Date Received: _____
Approved: _____ Rejected: _____
Amount Approved: _____

TEEN GRANT Application

Name: _____ Date of Birth: _____

Mailing Address: _____
(Please include apartment, and or floor number)

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Foster Parent(s) / Residential Program: _____

DCYF Worker (*If over 18, name of last DCYF worker): _____

Phone Number: _____

YESS/Independent Living: Case Manager: _____

Phone Number: _____

Amount requested from the Teen Grant: \$ _____ (up to \$400.00)

Total cost of what you want to do: \$ _____

If there is a difference, how will you pay the remaining balance? _____

Are you an ASPIRE program participant? Yes No

By what date do you need the money? _____

Payments, whenever possible, will be made directly to the store, company, etc... In the event your grant is approved, list for whom the check(s) should be made payable.

Check payable to:	Amount	For information contact:	Telephone Number

Checks will be mailed to the youth at the address provided above. An applicant who uses their check for purposes other than those that were approved by the Teen Grant Program will be penalized.

