

# APPLICATION FOR YOUTH AGE 14 & ABOVE

(\*Must be 14 at the time of application)

## Fo\$ter Fund\$ Grant Request (April 1, 2021 - June 30, 2022)

Fo\$ter Fund\$ are for youth 14-18 years of age and older in any type of "out of home" placement (family, relative foster care, group care/Q RTP, supervised apartment living, shelter care, suitable other, licensed or not licensed) and are living in Iowa. To be considered for Fo\$ter Fund\$, please complete an application and send it along with copies of **PAID** receipts/business invoices to the address listed below. Fo\$ter Fund\$ are "first come, first served" until funds expire. **Applications that are received without paid receipts/business invoices cannot be processed. We have to make sure that the money is spent on the teen.** Grants awarded at AMP's sole discretion; some teens may not be awarded. Every item or opportunity that is granted is meant for the teen and must accompany the teen if they leave their current placement.

### Types of items that will be covered by Fo\$ter Fund\$ include:

- Sports registrations
- Sporting equipment costs (helmets, gloves, cleats, etc.)
- Swimming lessons
- Summer camps (1 week max)
- Music instruments/lessons
- Tae Kwon Do
- Gymnastics/Dance
- Prom attire (dress, shoes and tux rental, make-up, hair & nail expenses, corsages)
- Senior/class trips
- Class ring
- Senior pictures
- Graduation expenses (cap & gown, announcements, parties, food, decorations, paper products)
- College application fees
- Bicycles
- Child passes (i.e. pool passes, zoo/science center passes)
- Furniture for the child/youth aging out
- Electronics (computers, iPads, tablets, laptops, cell phones, video games etc.)
- Funds for a car purchase

### Types of items **NOT** covered by Fo\$ter Fund\$ include:

- Medical expenses
- Basic clothing needs
- Any other items covered by foster care payments

### ABOUT THE APPLICANT

Date of Application:		Funding Needed By (Date):	
Teen's Name:			
Date of Birth:	Age:	Grade Level:	
Teen Currently Resides In:	<input type="checkbox"/> Foster/Relative Care <input type="checkbox"/> Shelter Care <input type="checkbox"/> Other <input type="checkbox"/> Group Care/Q RTP Facility <input type="checkbox"/> Supervised Apartment Living		
Name of Resource Parent or Facility:			
Street Address:		County:	
City:	State:	Zip:	
Phone:	Email:		
Name of Teen's Worker:	Worker's Agency:		
Worker's Phone:	Worker's Email:		

### ABOUT THE GRANT REQUEST

Give a Full Description of Grant Request and Itemize Your Request (number of lessons, cost of items, etc.):			
Amount Requested:	\$	<i>Maximum request limit is \$600 per teen, per fiscal year (4.1.21 - 9.30.21)</i>	
Who should the check be written out to?	<input type="checkbox"/> Foster/Relative Parent <input type="checkbox"/> Foster Teen <input type="checkbox"/> Shelter <input type="checkbox"/> Q RTP Facility <input type="checkbox"/> Vendor/Business <input type="checkbox"/> SAL <input type="checkbox"/> Other		
Where should the check be mailed?	<input type="checkbox"/> Foster Parent/Group Care/Q RTP (address listed above) <input type="checkbox"/> Vendor/Business (address listed below)		
Name of Business and Full Mailing Address:			

Please sign and send to AMP. **Applications that are received without a signature, receipts/invoices, cannot be processed.**

Signature of Foster Parent or Teen's Worker:		Date:	
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Send applications to: YSS, P.O. Box 1628, Ames, IA 50010  
 Attention: Ruth Buckels Email: RBuckels@yss.org Phone: 515.233-2250 ext. 4572

