

DREAM Onward Foundation

Youth Assistance and Program Grant Application

Complete this form for individual youth assistance or a team, troop, club, or program request. Save your completed copy and email it to dreamonwardfoundation@gmail.com with relevant supporting documents. You may also print, complete, and scan it.

DREAM helps reduce financial barriers to educational, artistic, athletic, recreational, cultural, scouting, leadership, and other youth enrichment opportunities. Assistance is subject to eligibility, available resources, and Foundation policies. An application does not guarantee an award.

1 Type of request

- ☐ Individual youth assistance
- ☐ Team / troop / club / program grant
- ☐ In-kind goods or supplies
- ☐ Other

2 Applicant and contact information

Applicant or organization name

Primary contact name and relationship to youth or program

Email address and phone number

Mailing address

3 Youth or program information

Youth name and age / grade, or approximate number of youth served

Program, team, troop, studio, school, or organization and city / community served

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4 Opportunity and assistance requested

Describe the activity or opportunity and how it benefits the youth involved

Amount requested, total expense / project cost, and date funds or items are needed

Vendor or organization DREAM could pay directly and vendor contact information

What specifically would the requested assistance pay for?

Examples: participation fees, competition fees, camps or instruction, uniforms or costumes, equipment or supplies, educational materials, and qualifying travel or lodging.

5 Need and other support

Describe the financial barrier or program need and how assistance would help

Tax returns are not required with the initial application. Reasonable additional documentation may be requested. Please do not send Social Security numbers or bank account information.

Other funding or assistance received / requested and amount you can contribute, if any

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6 Connection to the Foundation

Is the applicant, youth, parent / guardian, organization, or program connected to a DREAM Onward director, officer, employee, or that person's family?

- ☐ No
☐ Yes

If yes, identify the person and relationship

A disclosed relationship does not automatically make an applicant ineligible. Potential conflicts will be handled under the Foundation's Conflict of Interest Policy.

7 Supporting documentation

- ☐ Invoice or fee statement
☐ Program information or proof of participation
☐ Cost estimate or quote
☐ Other

List attached documents or explain what is not yet available

8 Applicant certification

I certify that the information provided is true and complete to the best of my knowledge; the requested assistance is for the charitable purpose described; and I will promptly notify DREAM Onward Foundation of material changes. I understand that submitting an application does not guarantee assistance. Awards are subject to eligibility, available resources, and Foundation charitable-assistance policies. Funds and donated property remain under the Foundation's discretion and control.

Applicant / parent / guardian / authorized representative printed name

Signature (sign after printing or use your PDF signing tool) and date

Submission: email the completed form and relevant supporting documents to dreamonwardfoundation@gmail.com. Keep a copy for your records. Contact us if you need help completing the application.