

# Youth Philanthropy Contest Contact Information Sheet

Please complete all 6 pages completely including media releases.



**Project Name:** \_\_\_\_\_  
Name of Individual or Group: \_\_\_\_\_  
Main Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

How do you prefer to be contacted?  E-mail  Text  Phone call

How did you hear about the Youth Contest?

School  Club/Organization  Social Media  Radio/Newspaper  Friend/Relative  
 I have participated in the Youth Contest before  Other: \_\_\_\_\_

**Age Group:**  K – 4<sup>th</sup>  5<sup>th</sup> – 6<sup>th</sup>  7<sup>th</sup> – 8<sup>th</sup>  9<sup>th</sup> – 12<sup>th</sup>  Young Adult (thru age 25)

-- If a group has mixed ages, the age group will be determined by the age of the oldest youth participating.--

How many people are in your group? \_\_\_\_\_

**Please list the names/ages of each group member below.**

A signed media release form is required for each person. (see page 6 of this packet for the media release form)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*You may attach a sheet for additional members if you do not have enough space here.

**Please include a one sentence summary of your project.** This summary will be used to promote and help fund your project.

## What do I do with my contest application and display once they are done?

Projects can be dropped off at the Lifelong Learning Center in Norfolk on the campus of Northeast Community College, 801 East Benjamin Avenue, during the following times:

**Friday, February 5<sup>th</sup>, 3:00-6:00 pm**

**Saturday, February 6<sup>th</sup>, 8:00-10:00 am**

When you drop off your projects, a committee member will check through all your paperwork and then escort you to a table where you can set up your project display for judging. The Selection Committee will review projects that same day, during which time they will select the contest winners.

## **Project Description**

*For more information, see Youth Philanthropy Contest Guidelines*

Here is your chance to tell us what you want to do to make your community a better place. Please respond to each of the following questions. Please feel free to use additional paper.

### **1) What is your project?**

### **2) Does your project meet ALL of the following qualifications? (Please check each box indicating your project meets these criteria)**

- Has a positive impact on the community
- Can be completed before October 1st
- Is Charitable in nature (*which means it must focus on serving the public interest or common good*)
- Directly involves youth in the project work

### **3) WHO will this project serve and how will they benefit from it?**

### **4) WHAT impact will this have on your community?**

5) **HOW** are you going to do it? Please explain the goals of your project and how you will meet them.

6) **WHO** is going to help you make it happen?

7) **WHY** do you think your project should receive funding?

8) **What type of display** have you included with your application to help better explain your idea?

**If you have a video to submit, what is the link?** \_\_\_\_\_

*\*Please see contest guidelines for more detailed information about video submission.*

**If your project benefits a community organization or group**, you must have permission from that group to complete your project **BEFORE** you turn in this application. If this applies to you, who did you speak to?

Organization Name: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

## Project Expenses

**How are you going to spend the \$1,000?** Determining the actual expenses ahead of time will make your project flow much more smoothly. **Please detail all expenses related to your project.**

Item Description	Qty.		Cost/Each		Total Cost (qty. x cost)
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
<b>Total Amount Needed for this Project</b>					<b>\$</b>

**If your project exceeds the \$1000 contest award, how will you cover those costs?**

### In-Kind/Donations

(What other support do you expect for your project?)

Item Description	Donation Value	Item Description	Donation Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Project Application Checklist and Event Details

## *Youth Philanthropy Contest*

**Before you turn in your project, please be sure to review all of the following:**

- Reviewed the 2016 Contest Guidelines
- Completed ALL sections on the Contact Information Sheet (*page 1*)
- Completed ALL questions on the Project Description Sheet (*pages 2-3*)
- Completed a DETAILED Project Expense Sheet (*page 4*)
- Completed the Fundraiser Supplemental Application if your project is a fundraiser (*page 6*)
- Completed Consent/Media Release forms for EVERY participant (*see page 7*)
- Completed all pieces of my display and/or video (*to be turned in with my application*)
- Marked the required participation date & time on my calendar (*February 6<sup>th</sup> 5pm – 7pm*)
- Liked us on Facebook (Philanthropy Council of Northeast Nebraska)
- Followed us on Twitter (@YPcontest)

## Event Participation

Contest winners will be announced and **participation is required** at our Celebrate Giving event. Participants will display their project and talk to potential funders during the Youth Project Showcase. Family members are invited to join us. Projects that are NOT funded through the contest may receive additional funding from guests at this event. Come ready to talk to people and sell your project idea.

## **Project Drop-off:**

Projects can be dropped off at the Lifelong Learning Center in Norfolk on the campus of Northeast Community College, 801 East Benjamin Avenue, during the following times:

**Friday, February 5<sup>th</sup>, 3:00-6:00 pm**

**Saturday, February 6<sup>th</sup>, 8:00-10:00 am**

## Contact Information

Youth Philanthropy Contest

PO Box 714

Norfolk, NE 68702-0714

Phone: April Marten, 402-644-0354

E-mail: [youthcontest@philanthropycouncilne.org](mailto:youthcontest@philanthropycouncilne.org)

[www.philanthropycouncilne.org](http://www.philanthropycouncilne.org)

Revised 11/2015

**CELEBRATE!**  
TIME ♦ TALENT ♦ TREASURE *giving!*

**Youth Project Showcase**

Youth Philanthropy Contest Winners  
Announced!!

**Saturday, February 6<sup>th</sup>**  
**5pm – 7pm**

Lifelong Learning Center on the campus  
of Northeast Community College

**Business Casual Dress**



## Media Release and Consent to Participate

***Required of each contest participant – please make copies as needed***

Philanthropy Council of Northeast Nebraska  
Contact Person: April Marten  
Address: PO BOX 714, Norfolk, NE 68702-0714  
Phone: 402-644-0354 Email: youthcontest@philanthropycouncilne.org

### **Permission to Photograph/Quote**

**Participant's Name:** \_\_\_\_\_

I agree that the Philanthropy Council of Northeast Nebraska may use photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, promotion, advertising and web content.

I also agree that the Philanthropy Council of Northeast Nebraska may use my comments upon approval for similar promotional purposes.

I understand the Philanthropy Council of Northeast Nebraska is an account of the Norfolk Area Community Foundation Fund, an affiliated fund of the Nebraska Community Foundation, a nonprofit organization, which exists to help concerned citizens to mobilize charitable giving in support of the betterment of Nebraska communities and organizations. I further understand that I will not receive compensation for the use of my photographs or comments.

As a parent, I understand that my child wishes to participate in this contest. I will support them in their efforts. If I have questions I can contact April Marten, her contact information is listed at the top of this page.

I have read and understand the above:

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Guardian Printed Name

\_\_\_\_\_  
\*Parent/Guardian Signature

\_\_\_\_\_  
Date

*\*Required if participant is 18 years of age or younger*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Club or Organization (if applicable) \_\_\_\_\_

## Comunicado de prensa y consentimiento para participar

**Requisito de cada participante del concurso – por favor, haga copias según sea necesario**

Comité de Filantropía del Noreste Nebraska

Persona de Contacto: April Marten

Dirección: PO BOX 714, Norfolk, NE 68702-0714

Teléfono: 402-644-0354 Correo electrónico: youthcontest@philanthropycouncilne.org

### **Permiso para Fotografíar / Citar**

**Nombre de Participante:** \_\_\_\_\_

Estoy de acuerdo en que el Comité de Filantropía del Noreste Nebraska puede utilizar fotografías mías con o sin mi nombre y para cualquier propósito legal, incluyendo los propósitos tales como publicidad, Ilustración, promoción, propaganda y contenido de web.

También estoy de acuerdo que el Comité de Filantropía del Noreste Nebraska puede usar mis comentarios sobre aprobación para propósitos promocionels similares.

Entiendo que el Comité de Filantropía del Noreste de Nebraska es parte de las cuentas de la Fundación de la Area Comunitaria de Norfolk y estan afiliados con fondos de la Fundacion de Comunitari Nebraska Comunidad Fundación, una organización no por ganancia, que existe para ayudar a los ciudadanos preocupados en movilizar obras de caridad en dar apoyo para el mejoramiento de las comunidades y organizaciones de Nebraska . Además, entiendo que no recibiré compensación por el uso de mis fotografías o comentarios.

Como padre, yo entiendo que mi niño(a) desea participar en este concurso. Yo lo(a) apoyaré en su esfuerzo. Si tengo alguna pregunta me puedo comunicar con April Marten, su información de contacto aparece en la parte superior de esta página.

He leído y entiendo lo anterior:

\_\_\_\_\_  
Nombre impreso de participante:

\_\_\_\_\_  
Firma de participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
\*Nombre impreso del padre

\_\_\_\_\_  
\*Firma del padre

\_\_\_\_\_  
Fecha

*\*Required if participant is 18 years of age or younger*

Dirección: \_\_\_\_\_

Cuidad: \_\_\_\_\_

Estado: \_\_\_\_\_

Código postal: \_\_\_\_\_

Club o Organización: *(si es applicable)* \_\_\_\_\_