



LEGACY
YOUTH ALLIANCE

Legacy Youth Alliance Application Form

The Legacy Youth Alliance is a youth committee of the Ottumwa Regional Legacy Foundation. They are dedicated to using volunteerism, grantmaking, and philanthropy to develop leadership skills, to act as positive youth role models, and to improve the communities in Wapello County. Legacy Youth Alliance gives young people a voice in the issues that affect them now, and the skills to confront the challenges they will face in the future. The best way to learn generosity, gain leadership skills and value community service is by direct exposure and involvement.

Legacy Youth Alliance consist of students from Eddyville-Blakesburg, Ottumwa Community, Ottumwa Christian, Pekin, Cardinal and home-school, who work to address the needs of youth in Wapello County. Their energy and focus is directed at grantmaking to local nonprofit organizations that conduct programs which serve Wapello County youth.

The Legacy Youth Alliance meets monthly to engage in teambuilding and leadership activities, to discuss local youth issues, and to engage in grantmaking.

As a member, it is expected that you:

- Attend monthly meetings from August-May
- Learn about youth needs and assets in our community
- Make decisions about granting funds to youth projects
- Work with adults and show adults that youth are a community resource
- Participate in community service projects
- Are open to opportunities for personal growth
- Make a difference in our community



Applications must be submitted by February 15, 2019 to anossaman@orlf.org. A letter of recommendation from an unrelated adult must also be included with the form along with their contact information.

For additional information, please contact the Amy Nossaman, Grants Program Manager at anossaman@orlf.org or 641.455.5260. You can also visit our website at www.orlf.org

General Information (please print or type)

Date of Application:

Name:

Parent(s)/ Guardian(s) Names:

Street Address:

City, Zip:

Email Address:

(List an email address you check regularly or you may miss important communications.)

Preferred method of communication: email Text

School

Age:

Year of Graduation:

The Legacy Youth Alliance will meet monthly from August – May. Can you commit to attending monthly meetings as well as other events throughout the year? Yes No

Organizations & Activities

How have you become involved in your community? Please list school, religious, social, athletic or other activities or organizations in which you have participated during high school and will continue to remain involved in while serving on the Legacy Youth Alliance.

Why are you willing to take the extra time to join the Legacy Youth Alliance?



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How did you hear about the Legacy Youth Alliance?

What talents, knowledge, or experience do you believe you would bring to the Legacy Youth Alliance?

Why do you feel it is important for high school students to learn about community issues and how you play a role in making a difference?

Letter of recommendation was written by:

Name:

Phone:

Email:

Attendance

Attendance is key to this program and to your experience. Meeting days and times will be set by the group members. Members will only be allowed two excused absences for the year – any unexcused absences will be reviewed by the Grants Program Manager. If attendance becomes an issue, you may be asked to meet with the committee chairs for review of your commitment to the group. Please sign and date to agree to the attendance policy.

Signature

Date