

Application for Clifford R. Nyquist Youth Leadership Award, **Ages 10-18**

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

Current Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_

1. Briefly describe your objective or opportunity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Amount of funding requested: \$ \_\_\_\_\_

3. Describe your timeframe and why this amount of funding is needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I confirm that the written answers submitted reflect work produced by me, unedited by others.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_