



# ***Molalla Police Department***

***Chief of Police Chris Long***

PO Box 248  
117 N. Molalla Ave.  
Molalla, OR 97038

503-829-8817 ph  
503-829-3461 fax  
www.cityofmolalla.com

## **YOUTH FUND APPLICATION**

The Molalla Youth Fund receives its proceeds by donations from businesses, organizations and individuals in the community. Our goal is that every dollar we receive is spent to meet the needs of the youth in the community. As our income is limited, and the demand is often greater than our resources. Therefore, we must be selective on how we spend the funds with which we have been entrusted to distribute.

Therefore; we place the following limitations on the fund:

- Applicant and child must be residents of the Molalla School District
- Applicant can receive one payment of \$50 per fiscal year (July 1-June 30), per child.
- Applicant must fully complete the fund application form and attest to its accuracy.
- Checks will be sent to the program/vendor/provider. Please provide correct address and names.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # : \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Purpose of funds: \_\_\_\_\_ Date needed by: \_\_\_\_\_

Name of Organization to receive funds: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

The information I provided is accurate to the best of my knowledge, and request that funds be provided for my child to participate in an extra-curricular activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_