** Youth Education and Employment Fund Application**

## **Demographics/Contact Information**

1. Name of youth: Click or tap here to enter text. Age of youth: Click or tap here to enter text.
2. Email of youth: Click or tap here to enter text.
3. Youth’s current education/employment status (select one):

|  |  |
| --- | --- |
| [ ]  Pre-high school[ ]  High school[ ]  Post-secondary or training | [ ]  Employed and not attending school[ ]  Not in school or training or employed[ ]  Other: Click or tap here to enter text. |

1. Sub-Population Groups youth is a part of (select all that apply):

|  |  |
| --- | --- |
| [ ]  First Nations (status and non-status)[ ]  Métis[ ]  Inuit[ ]  Unaffiliated/Urban Indigenous | [ ]  Visible Minority (“include South Asian, Chinese, Black, Filipino, Latin American, Southeast Asian, West Asian, Korean, and Japanese”)[ ]  2SLGBTQIA+ (including gender diverse) |

1. Does the youth have any disabilities? :

|  |  |
| --- | --- |
| [ ]  No/None[ ]  Physical disability only [ ]  Cognitive, mental and/or learning disability only | [ ]  Both a physical disability AND a cognitive, mental, and/or learning disability |

1. What Oxford municipality does the youth currently reside in?

|  |  |
| --- | --- |
| [ ]  Woodstock[ ]  Tillsonburg[ ]  Zorra[ ]  Norwich | [ ]  Ingersoll[ ]  East Zorra-Tavistock[ ]  Blandford-Blenheim[ ]  South West Oxford |

1. Name of service provider/adult support submitting application: Click or tap here to enter text.

 [ ]  Not applicable, I am a youth applying for myself (skip to question 13)

1. What type of service/support do you provide to the youth:

|  |  |
| --- | --- |
| [ ]  Support Worker[ ]  Social Worker[ ]  Counsellor[ ]  Case Manager[ ]  Teacher[ ]  Principal | [ ]  Librarian[ ]  Coach[ ]  Employer[ ]  Religious Leader[ ]  Other: Click or tap here to enter text. |

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1. What organization you work with the youth through: Click or tap here to enter text.
2. Position: Click or tap here to enter text.
3. Email of service provider/adult support: Click or tap here to enter text.
4. Phone number of service provider/adult support: Click or tap here to enter text.

## **Funding Application**

1. What is an estimate of the costs you are applying for? Click or tap here to enter text.

*Note: maximum is $500*

1. Is there a financial need for this item?

|  |  |
| --- | --- |
|  [ ]  Yes | [ ]  No |

1. Provide a brief description of what the funding will be used for. *(1-5 sentences)*

Click or tap here to enter text.

1. Provide a brief explanation for how receiving the funding will impact the youth’s ability to graduate high school and/or transition into post-secondary education/employment. *(5-10 sentences maximum)*

Click or tap here to enter text.

1. Is there any other information you would like for us to know?

Click or tap here to enter text.

1. Does the youth give permission for us to contact you to follow-up for feedback?

|  |
| --- |
|  [ ]  Yes (Please ensure email is provided in  Question #2)  |
|   |

|  |
| --- |
| [ ]  No |