



In the wake of COVID-19, a team of Youth Services received a grant that allows us to provide limited financial support to youth ages 12-23 within Bennington County. This team, along with a youth representative, make up a Review Committee that includes staff from Sunrise, Center for Restorative Justice, Bennington County Coalition for the Homeless, Department for Children and Families and United Counseling Services. Together we will review and determine financial awards to applicants based on needs associated with COVID 19.

Please fill out our application form and make sure your comments show the reason you are requesting funds. THESE FUNDS NEED TO HAVE A DIRECT LINK TO COVID-19, so you want to make sure that connection is clear. Approved funds will go directly to the source of the request or a gift card as appropriate. This grant can not be used to purchase food.

Youth Name: _____

Contact information (phone, email, etc.): _____

Age: _____ **Town:** _____

Agency/Person helping complete this form: _____

Contact information: _____

Please tell us the area in which you need support by checking a box below:

- Stable living environment (either maintain or transition to safe housing)**
- Educational needs (access to virtual learning or tutoring services)**
- Employment**
- Physical Health, Mental Health & Substance Misuse (accessing interventions/treatment)**
- Social and Emotional Supports (opportunities to connect virtually, connections with natural supports)**

These funds are based on need in direct correlation to COVID-19 so income levels will not be required. If the committee has questions after reviewing an application, youth may be asked to join the review committee for clarification.

What agencies have you tried to request support from prior to this fund?

What agencies are you currently connected to?

Please identify 3 strengths that best describe you:

What specifically are you requesting funds for: _____

What amount are you seeking: _____

Please describe why you are requesting funds. Tell us how you will use this money and how it connects with COVID-19.

If awarded this money, who would we make a check out to and mailing address?

Youth Signature

Date

Parent/ Guardian signature if under age 18

Date

**Please submit application to Sunrise Family Resource Center via on-line application or drop of at
244 Union Street, Bennington c/o Denise Main. Someone will reach out to you soon.**

Do you need a cloth face covering? _____

Would you like a referral to youth programing in your area: _____

How did you find out about us: _____

Other needs or comments for us: _____