



SAINT THERESE

Youth Volunteer Scholarship

Recognizing youth volunteers serving older adults

Serve | Connect | Enrich

APPLICATION FORM - *Must be included with submission.*

Name (first, middle initial, last): _____

Home Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ School: _____

Birth Date: ____/____/____ Age as of January 13, 2017: ____

Parent/Guardian Name(s): _____

How did you hear about this scholarship? _____

Did you volunteer through a group that you are affiliated with (e.g. school, church, etc.)?

If yes, please list group affiliation and leader's name: _____

How many hours total have you volunteered with an older adult or adults? _____

Please list the contact name, phone number and email address for an organization or individual who can confirm your volunteer hours listed above.

Name: _____ Phone Number: _____ Email: _____

Please write two to three sentences about your time volunteering. Describe the types of activities you did, relationship with the older adult or adults, etc.

If you are selected as a recipient of an education scholarship, how would you use the scholarship funds?
