



GUIDELINES AND GRANT APPLICATION

THE CRYSTAL CHARITABLE FUND

PURPOSE:	<p>The Crystal Charitable Fund assists children and young adults with extreme financial need to:</p> <ul style="list-style-type: none"> • break out of poverty so they can live comfortable, productive lives; • grow up to be examples to others and to provide leadership in helping others do the same; • ultimately grow up to make a difference in bettering our world.
TYPE OF GRANT:	<p>Grant for an extended "away from home" cultural, educational, or other experience that will provide a skill, knowledge and/or personal value as a means of support to the individual. WE DO NOT FUND THE FOLLOWING: school tuition; equipment and supplies; spending money; college tours; group trips; applicants traveling with friends, classmates or relatives; applicants who have previously lived abroad or experienced an extended away from home activity; applicants who have previously received a Crystal award.</p>
AMOUNT OF GRANT:	One time grant up to \$4,000
GEOGRAPHICAL LOCATION:	Primarily limited to applicants from the metropolitan Chicago area.
FOCUS GROUP:	Children and young adults (through high-school) ages 11 to 19 years, from very financially impoverished family situations.
INDIVIDUAL CRITERIA:	All aspects of the application and supplemental information submitted are considered in the decision to approve or not approve a grant application.
APPLICATION DEADLINES:	Rolling application process; we will not consider applications that arrive within one month of the trip departure date. Applicants need to allow at least 30 days turnaround for notification. Please note that this does NOT include time for payment.
PROCEDURE:	<ul style="list-style-type: none"> • Complete both components of the application, including signatures. Please ensure that ALL areas are completed and signed before returning to us. • Enclose a brochure and informational materials from the organization providing the activity for which the grant is requested (1-2 page max)
SUBMIT MATERIALS TO:	<p>Crystal Charitable Fund Oak Park-River Forest Community Foundation 1049 Lake St., Suite 204, Oak Park IL 60301 (708) 848-1560 ♦ (708) 848-1531 fax ♦ programofficer@oprfcf.org <i>If sending an electronic PDF, submit in the following order: agency component-applicant component-attachments</i></p>



CRYSTAL CHARITABLE FUND GRANT APPLICATION - AGENCY COMPONENT

Please complete ALL of the following application parts. Leaving a portion blank will disqualify or delay your application. Please TYPE OR PRINT LEGIBLY (ink). Attach additional sheet(s) if necessary; however ensure that all parts of the application are SINGLE-SIDED ONLY.

Date of application:	Name of Agency submitting application:		
Name of Agency staff completing application:			
Phone:	Fax:	Email:	
Address:		City, State:	Zip:

Name of individual being nominated:		
Phone:	Date of birth:	Parent/Guardian Name:
Address:		City, State: Zip:
School attending:	Current grade in school:	Grade point average:

Grant amount requested:	Date grant verification needed:	
Activity for which grant is requested:		
Dates of activity (beginning and ending): /	What are the accommodations on this trip (hotel, dorm, homestay, camping)?:	
Name of organization providing activity:	Phone:	Fax:
Organization contact person:	Email:	
Type of organization (check one): <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit * Please attach organization's brochure		

Total cost of program (including travel, documentation, out of pocket, etc.):\$	
Are there any other sources of support for your program (family, other scholarships, sponsor, etc.)?	
1.	\$
2.	\$
3.	\$

Answer the following questions to assist the committee in the selection process (you may attach additional sheets).

<p>Describe the history of financial need in the applicant's family:</p>
<p>How do you believe this grant would help the applicant break the cycle of poverty? (How would this trip provide an avenue for the student to realize full potential and lay the ground work for long term success?)</p>
<p>Describe how the applicant would translate his/her experience to others as a way of encouraging/supporting others to make significant life changes.</p>
<p>What personal character strengths does the applicant have that will assist him/her in achieving long-term financial and personal self-sufficiency?</p>

AGENCY REPRESENTATIVE SIGNATURE:	DATE:
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I believe that the information provided about this applicant is true and correct to the best of my knowledge.



**CRYSTAL CHARITABLE FUND
GRANT APPLICATION - APPLICANT COMPONENT**

Please complete ALL of the following application parts. Leaving a portion blank will disqualify or delay your application. Please TYPE OR PRINT LEGIBLY (ink). Attach additional sheet(s) if necessary; however ensure that all parts of the application are SINGLE-SIDED ONLY.

Date of Application:	Applicant Name:	Parent/Guardian Name:	
Date of birth:	Phone:	Email:	
Address Zip		City, State	
School attending:		Current grade in school:	Grade point average:
Please list all individuals in household:			
	<u>Name:</u>	<u>Date of Birth:</u>	<u>Relationship:</u>
Total household annual income: (attach most recent tax return if available)		Parent(s)/Guardian employer(s):	
Does your family own any real estate, automobiles or bank accounts? (please list):			
Please note unusual expenses or circumstances you would like taken into consideration:			
Have you had extended time away from home or have you previously traveled extensively either within the U.S. or to another country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>When did you go?</u>	<u>For how long?</u>	<u>Where did you go?</u>	<u>What did you do?</u>

Grant amount requested:		Date grant verification needed:	
Specific activity for which grant is requested:			
Dates of activity (beginning and ending): /		Where will you stay on this trip (hotel, dorm, homestay, camping)?:	
Name of organization providing activity:		Phone:	Fax:
Organization contact person:		Email:	

Please answer the following questions in paragraph form to assist the committee in the selection process (you may attach additional sheets).

1. What do you hope to achieve through participation in this activity?

2. How will you use your experience as a way of encouraging/supporting others to make positive life changes?

APPLICANT SIGNATURE:	DATE:
I have answered questions on this application to the best of my ability and believe my answers are true and correct.	
PARENT/GUARDIAN SIGNATURE:	DATE:
I have read this application and the responses are true and correct to the best of my knowledge. I support this application.	
AGENCY REPRESENTATIVE SIGNATURE:	DATE:
I believe that the information provided about this applicant is true and correct.	