



VENTURA COUNTY COMMUNITY FOUNDATION

BOBBIE STEINDLER BEATTY ACADEMIC OPPORTUNITY FUND, In Honor of Howie and Ann Steindler 2009-2010 GRANT APPLICATION

The purpose of the Bobbie Steindler Beatty Academic Opportunity (BSBAO) Fund is to support deserving youth between the ages of 12-18 who reside in Oxnard, Port Hueneme and Camarillo, to further their academic progress. The minimum grant amount is \$250 and the maximum is \$750. Grants may benefit one or more students. Funds may be granted for a variety of expenses such as books, school supplies, clothes, eyeglasses, or for expenses that, if not funded, could stand in the way of an education for students who are from low-income families. 501(c)(3) designated non-profit organizations and public entities (such as schools and/or school districts) are eligible to apply (one application per organization). *Individuals are not eligible to apply.*

Please submit the application and a copy of your 501(c)(3) letter to: Bobbie Steindler Beatty Academic Opportunity (BSBAO) Fund, c/o Ventura County Community Foundation (VCCF) at 1317 Del Norte Rd. #150, Camarillo, CA 93010. **The deadline for applying is 5:00 p.m. on Friday, November 6th, 2009. Proposals must be received in the VCCF offices by the deadline.** Proposals that are postmarked the day of, faxed, or late will not be accepted.

ORGANIZATIONAL & GRANT REQUEST INFORMATION

(If necessary, use additional sheet of paper.)

Name of Organization: _____

Address & Phone: _____

Executive Director: (Name & Email) _____

Other Contact:(Name & Email) _____

Number of Youth Served Annually: _____

Amount requested: (Minimum grant \$250 – Maximum grant \$750) \$ _____

Brief Description of Organization (Purpose/ Goals/ Services):

Mission Statement:

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(Page 2)**

Use of Funds: How do you propose to utilize the funds? Include specific descriptions of needs and how this unmet need was documented. When applicable, please include cost of the items to be purchased. Describe any other sources of financial support that have been identified or that are anticipated for this request. (Please ***DO NOT*** include identification and information of individual students.)

Population to be Served: How do you plan to select recipients for this opportunity? Describe your eligibility requirements and selection process for identifying students. Define and estimate the number of students - include geographical areas and ages - that will be served by this funding request. (Please ***DO NOT*** include identification and information of individual students)

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I certify that I am authorized to represent the organization listed on this application.
I certify that this agency is a 501(c)(3) tax-exempt organization as defined by the Internal Revenue Service or a public entity.

Authorized Signature: _____

Dated this _____ day of _____, _____

Print Name, Title: _____