



Application

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

PARENT/GUARDIAN NAME: _____

CURRENT SCHOOL: _____

GRADUATION YEAR: _____

BIRTHDATE: _____

I believe that I would be a good member of the Washington County Youth Foundation because: (Use separate pages and attach)

I understand and agree that the Washington County Community Foundation and the Washington County Youth Foundation reserve the right to withdraw the invitation to be a member of the Washington County Youth Foundation if I should conduct myself in such a manner that would result in or reflect an unfavorable image upon the Washington County Community Foundation and/or the Washington County Youth Foundation.

Name

Date: _____