



Supporting Those Who Support Our Youth

### Applicant Information

Full Name:

Phone Number:

Email Address:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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### Request Details

Amount of Financial Assistance Requested:

\$ \_\_\_\_\_

What will these funds be used for?

(Select all that apply)

- Housing
- Education or Tuition
- Job Readiness Training
- Mental Health Services
- Emergency Needs (food, clothing, etc.)
- Other: \_\_\_\_\_

**Briefly explain your current situation and how this support will help you:**  
(Attach additional pages if needed)

### **Consent & Signature**

I affirm that all information provided is true and complete to the best of my knowledge. I understand that submission does not guarantee funding, and all applications are subject to review by the Prodigal Youth Foundation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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For questions or help filling out this form, contact:

[theprodigalyouth@gmail.com](mailto:theprodigalyouth@gmail.com)

[prodigalyouthfoundation.org](http://prodigalyouthfoundation.org)