

Foundation Youth Grant Application

We invest in young people who are ready to grow. Use this application to unlock funding for programs that build your skills, confidence, and safety in the real world.

Applicant selects exactly one:

- ☐ Extracurricular Activities for Youth
- ☐ Academic Support & Lifecraft Skills for Youth
- ☐ Youth Leadership & Mentorship Experiences
- ☐ Safety, Wellness & Safe Spaces for Youth

B. Section 1 – Applicant & Youth Information

1. Applicant (person filling this out)

- Full name: _____
- Relationship to youth (parent/guardian, self, school partner, community partner, other) : _____
- Phone: _____
- Email: _____
- Preferred language for communication: _____

2. Youth Information

- Youth full legal name: _____
- Date of birth / age: _____
- Pronouns (optional) : _____
- School name and current grade (if applicable) : _____
- Home city, ZIP: _____
- Lives with (check all): ☐ Parents ☐ Single parent ☐ Relatives ☐ Foster ☐ Group home ☐ Other

C. Section 2 – Household & Financial Snapshot

Goal: show **need** without requiring sensitive documents by default.

- Number of people in household: _____
- Approximate combined annual household income (choose band):
 - ☐ Under \$25,000
 - ☐ \$25,000–\$50,000
 - ☐ \$50,000–\$75,000
 - ☐ \$75,000–\$100,000

- [illegible]

D. Section 3 – Opportunity / Program Request (Core)

- Provider type: ☐ Nonprofit ☐ School / district ☐ Small business
instructor ☐ Other
- Provider website or contact info:
-
- Program location (site address or online) :
-
- Start date and end date (or ongoing) :
-
- Weekly schedule (# days/week and # hours/day) :
-

Funding request (core fields):

- Total cost of program or activity for this youth: \$_____

- Amount you are requesting from Hernandez Foundation: \$_____
- Any discounts, scholarships, or other funding already applied or requested? Please explain.:

E. Section 4 – Youth Needs & Goals (Core Narrative)

1. Youth's current situation

What challenges is this youth facing right now (academic, social, emotional, safety, health, etc.)? Open text (max ~250 words):

2. Why this program?

Why is **this specific** program or activity a strong fit for the youth? (Open text (150–200 words): _____)

3. Growth goals

What do you hope will be different for the youth after 3–12 months in this program?
(Examples: grades, confidence, friendships, safety, skills, behavior, mindset.)
(Open text (150–200 words):

F. Section 5 – Safety & Supervision (Core)

These questions are key for **all four grants**, given the youth/safety focus.

- Does the program involve in-person meetings with adults? ☐ Yes ☐ No
- Typical **adult-to-youth ratio** in the program (if known):
- Does the provider use background checks / screening for adults who supervise minors? ☐ Yes ☐ No ☐ Not sure
- Are there written safety policies (no 1:1 closed-door meetings, appropriate communication boundaries, etc.)? ☐ Yes ☐ No ☐ Not sure
- Do you have any **safety concerns** about the youth’s current environment that we should know (no names or private details) (Optional, 150 words)?:

G. Section 6 – Budget Details (Core)

- Break down cost for this youth (if possible):
 - Registration/tuition: \$_____
 - Uniform/gear/materials: \$_____
 - Transportation: \$_____
 - Other (specify): \$_____

- Can the family contribute any portion? ☐ Yes, about \$____ ☐ No
- If the grant cannot cover 100%, how much support would still make this possible?
\$_____

H. Section 7 – Attachments (Optional unless required by policy)

- ☐ Program flyer or screenshot
- ☐ Quote or invoice from provider
- ☐ Letter or email from teacher/mentor supporting this request (optional)
- ☐ ANY other supporting document (no medical records or court documents, summary only)

I. Section 8 – Declarations & Signatures

Parent/Guardian or Adult Applicant Declaration:

- I affirm that the information provided is true to the best of my knowledge.
- I understand funds, if approved, may be paid directly to providers or partners.
- I agree to share basic updates (e.g., attendance, completion) if requested by the Foundation.

Relationship to Minor

Signature

Printed Name

Date

Youth acknowledgment (if age 12+):

I understand this grant is to support my growth, and I agree to participate and try my best.

Signature

Printed Name

Date

2) Program-Specific Add-On Sections

2.1 Extracurricular Activities for Youth – Add-On

(For ages 4–14; fully funding extracurriculars like martial arts, creative arts, etc.)

Program-specific questions

1. Activity type

- ☐ Martial arts
- ☐ Creative arts (music, art, dance, theater)
- ☐ Sports / fitness
- ☐ STEM / robotics / coding
- ☐ Other (describe)

2. Youth's starting point

- ☐ Has the youth done this activity before? ☐ Yes ☐ No
- ☐ If yes, at what level / how long?:

3. Why this activity now? :

How will this extracurricular help the youth grow (discipline, confidence, focus, friendships, physical health, etc.)? (150–200 words)

4. Provider quality

- How did you choose this provider (word of mouth, school partner, online search, etc.)?: _____
- Any experience they have with at-risk or low-income youth?: _____

5. Commitment

- How many months do you expect the youth to stay engaged?: _____
- Are there any barriers to attendance (transportation, schedule, caregiving)? : _____

6. Safety

- For physical activities: are there proper safety practices (pads, supervised sparring only, etc.)? : _____

- Does the provider have a code of conduct or handbook? ☐ Yes ☐ No ☐ Not sure

2.2 Academic Support & Lifecraft Skills for Youth – Add-On

(Covers tutoring plus study skills, time-management, financial literacy, and “how life works” workshops.)

Program-specific questions

1. Academic status

- Current GPA (if known): _____
- Subjects youth struggles with (check all): ☐ Reading ☐ Writing ☐ Math ☐ Other
- Does the youth have an IEP or 504 plan? ☐ Yes ☐ No ☐ Prefer not to say

2. Support requested

- What type(s) of academic support are you requesting?
 - ☐ One-on-one tutoring
 - ☐ Small-group tutoring
 - ☐ Study skills / organization coaching
 - ☐ Time-management coaching
 - ☐ Financial literacy / money basics
 - ☐ Real-world life skills (“how life works”) workshops

3. Goals

What specific academic or life-skill goals do you hope to achieve in 3–6 months (e.g., reading at grade level, passing Algebra, organizing backpack/assignments, understanding budgeting)? (150–200 words)

4. Provider

- Tutor or program name:

- Are they affiliated with the youth's school? ☐ Yes ☐ No
- Any credentials/experience (teachers, credential candidates, nonprofit tutoring program, etc.)?

5. Measurement of progress

How will you know if this support is working (grades, teacher feedback, test scores, behavior, self-confidence, etc.)?

2.3 Youth Leadership & Mentorship Experiences – Add-On

(Funds leadership camps, youth summits, structured mentorship, exposure trips, job-shadowing, and professional-skills labs.)

If applicant is a youth/family:

1. Opportunity type

- ☐ Leadership camp
- ☐ Youth summit / conference
- ☐ Ongoing mentorship program
- ☐ College/career exposure trip
- ☐ Job-shadow/internship prep
- ☐ Professional-skills lab (résumés, interviews, etc.)

2. Youth statement (required)

In your own words, what makes you a good fit for this leadership / mentorship opportunity, and what do you want to learn or build? (200–300 words)

3. First-generation / foster / at-risk lens

- Are you the first in your family planning to attend college? ☐ Yes ☐ No ☐ Not sure
- Have you been in foster care, group care, or kinship care? ☐ Yes ☐ No ☐ Prefer not to say
- Any other circumstances that make this opportunity especially important? :

4. Mentor / program structure

- How often will meetings occur? :
- Is there staff supervision and clear boundaries (no private DMs, safe meeting spaces, etc.)? :

If applicant is a school or community partner:

5. Group request

- Number of youth served by this request: _____
- Ages / grade levels: _____
- Selection process for which youth get to participate:

- Staff or mentor-to-youth ratio:

6. Leadership outcomes

What specific leadership or post-secondary outcomes are you targeting (e.g., college applications completed, internships secured, public speaking, community projects)?

2.4 Safety, Wellness & Safe Spaces for Youth – Add-On

(Funds safe, supervised spaces plus non-clinical wellness and safety education.)

Program-specific questions

1. Risk factors (check all that apply)

- ☐ Community violence/bullying
- ☐ Instability at home
- ☐ Housing insecurity
- ☐ Caregiver health/mental health challenges
- ☐ Other (describe briefly, without names or private details)

2. Current “safe space” situation

Where does the youth normally spend after-school and weekend time? Are those spaces safe and supervised? (100–150 words)

3. Requested safe space / program type

- ☐ After-school program
- ☐ Weekend recreation program
- ☐ Youth center / club
- ☐ Wellness program (mindfulness, yoga, fitness, creative arts)
- ☐ Safety-focused classes/workshops (e.g., recognizing unsafe situations, getting help)

4. Wellness components

- Which non-clinical wellness activities will be included (e.g., mindfulness, physical fitness, art/creative expression)? : _____

5. Safety infrastructure

- Who supervises youth on site (staff roles, trained volunteers)? : _____
- On average, how many youth per supervising adult? : _____
- Are there written safety procedures (arrivals/departures, boundaries, mandatory reporting, emergencies)? ☐ Yes ☐ No ☐ Not sure

6. Expected change

How will this program make the youth safer or more stable in the next 3–12 months?
(150–200 words)
