

## **Lisa Christofferson Memorial Fund 2010**

The Lisa Christofferson Memorial Fund was organized to give aid to youth citizenship endeavors for those in financial need who would otherwise be unable to participate in these activities.

### **Submitted Applications must include:**

- Description for the Request
- Evidence of Participation (i.e.: letter from coach, advisor, association, 4-H Leader, etc)
- Statement of Objectives/Goals

### **Eligibility Requirements:**

- Age: under 18 years
- Parent(s)/Guardian(s) Knowledge and Consent
- Resident of Potter Valley

### **Follow-up Report:**

- At the completion of the activity/event, the recipient is to provide the Review Committee with a letter describing the benefits/outcome to the applicant.

### **Submit Applications to:**

Potter Valley Community Expo, Inc.  
Attn: Lisa Christofferson Memorial Fund  
P.O. Box 68  
Potter Valley, CA 95469

Incomplete application packets will not be considered for funding. Application period is open year round. The review committee requires the completed application to be submitted at least two months prior to the event/activity to allow time for review and dispersal funds. Funds are to be dispersed to the official provider of the activity/event (i.e.: youth camp, livestock producer (4-H lambs and pigs), sports camp, or rodeo association. Funds will not be dispersed directly to the applicant.

**Lisa Christofferson Memorial Fund**  
**2010**  
Funding Request Application

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
US Citizen: (yes) \_\_\_\_ (no) \_\_\_\_ Age \_\_\_\_\_ Date of  
Birth \_\_\_\_\_  
Date Funded Event/Activity Begins \_\_\_\_\_  
Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent(s)/Guardian(s) Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Liability Disclaimer: The above signed applicant and their parent(s)/guardian(s) agrees as a condition of participation in the funded activity/event to assume full responsibility for liability, and assumes all risks related to the activity/event. The above signed applicant and parent(s)/guardian(s) agrees to allow the members of the funding committee to investigate as necessary the financial situation of the applicant for the purposes of determining financial need and eligibility.

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Applicant's Name: \_\_\_\_\_

1. Brief Description of Request:

2. Statement of Objectives/Goals:

(Attach additional pages if needed to complete application)