

Lisa Christofferson Memorial Fund 2016

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 Rodeo
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
2016
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)