

Florida Juvenile Justice Foundation Youth Investment Award Application



The Youth Investment Award is an initiative to assist youths ages 15-21, who are or were served by the Florida Department of Juvenile Justice. Funding may be requested to assist with the next step essential to academic achievement or workforce readiness which cannot be met through any other available resources and is essential to the youth's success.

Awards may contribute to tuition, equipment, supplies, transportation, education or employability assistance (e.g., uniform, medical goods or services, bus passes, special tools) with funding paid directly to the vendor. Applicants must complete this form, write an essay, and include demonstrated past initiative taken. Applications are reviewed by a committee at a minimum of once a month. ONLY applications that are COMPLETE will be forwarded to the committee for review. Notification of the application status and decision will be sent via mail and email within 30 business days after committee review. If awarded, the youth will submit 4 quarterly progress reports to the Foundation.

Date of Application:	
Youth's Full Name:	Social Security #:
	oes Youth Currently Live with Parent/Guardian? ☐ Yes ☐ No
Parent/Legal Guardian:(LAST, FIRST MIDDLE NAME)	
Youth's Home Mailing Address:	
	State: Zip Code:
Home Phone: () Cell Ph	one: <u>(</u>) Email:
Address of Youth at time of application (if different f	rom home):
Is the Youth Currently In School? ☐ Yes	☐ No If yes, Name of School:
Current Grade: G	SPA: Anticipated Graduation Date:
Requested Assistance (Select all that apply):	
Academic Progress: Testing Fee: \$ College/ Vocational Application Fee: \$_ College/ Vocational Tuition (including o (include acceptance letter) Employability Progress: Work Supplies/Equipment \$	
Other:	
□ Transportation \$ □ Drivers License Fee \$ □ Birth Certificate Fee \$	
Total Amount of Funding Requested (please list	each amount included i.e. Tuition/books): \$

Youth Investment Award Application	Youth's Name: Last, First, Middle		
		Last, First, Middle	
	Youth Consent:		
I,, do hereby grades and school transcripts and other confider institutions/officials requiring the information in a information will be provided on the condition that the post-secondary educational institution or hig information about my performance and progress. Foundation of any physical or mailing address ch (5) days of its occurrence. Youth's Signature:	ntial information to the order to administer the t it is kept confidential h school to release my . Further, I hereby agr nange or of any telepho	community college or ot e gift to be made on my be by the receiving parties. grades and other institu ee to notify the Florida Ju	her chalf. This I agree to allow tional uvenile Justice ange within five
Professional Advocate (e.g. Youth's counselor, to Home Circuit # County:		er, etc.)	
Name:		nber:	
Signature:			
To Be Comple Nominator's Full Name:	eted by youth or No		
Place of Employment:			
Mailing Address:			
City:		Zip Code:	
Work Phone: () Ex			
E-mail:	@		
Relationship to Applicant:			
Please state the reason(s) you believe this youth Juvenile Justice Foundation, Inc. Also, please id page if needed.) If the youth is nominating himse	entify the youth's stre	ngth(s). (You may attach	one additional

Youth	n Investment Award Application	Youth's Name: Last, First, Middle
		Last, First, Middle
REQUI 1.	benefit of the award. The essay should explain	by the youth that describes the requested need and intended a the youth's personal and career goals, and must include action will accomplish academic achievement or workforce readiness.
2.	Provide complete vendor information (i.e. Bus vendor is required, please provide all contact in	iness, Organization, Service Provider, etc.). If more than one nformation on a separate page.
	Vendor Information:	
	Name:	Payable To:
	Address:	Phone Number:
	Total Amount: \$	Due Date (if applicable):
3.	Return all information to: Florida Juvenile Justice Foundation, Inc. 2737 Centerview Drive Tallahassee, FL 32399-0400 Completed application with signate Essay (Minimum 100 Words) Vendor Information	FAX (850) 922-7998 Caroline.Ray@djj.state.fl.us
Each C Check □ □	erly Progress Report: Quarterly Progress Report is due on or before the the appropriate quarter for this report: July – September October – December January – March April – June	e 10 th October, January, April, and July.
		ne of your personal and career goals specified in your les and successes. Describe your action plan for next quarter.

Updated: September 25, 2014