

# Coatesville Area Youth Philanthropy Program

The Brandywine Health Foundation is entering its fifth year of an exciting program that allows youth in the Coatesville Area School District to get involved and give back to their community. The Coatesville Area Youth Philanthropy Program (CAYPP) is designed to engage youth between the ages of 14 and 18, to learn more about philanthropy and non-profits by giving them the opportunity to lead and make important funding decisions. The CAYPP members act as if they are board members and program officers to a special fund, which is generously underwritten by *Citadel Federal Credit Union*.

The CAYPP program goals include:

- Provide \$15,000 in grants to deserving non-profits that are promoting a positive, safe, and healthier Greater Coatesville.
- Develop a cohort of youth leaders that are interested in careers in the non-profit and/or business sectors.
- Foster a cohort of youth leaders that are:
  - Well versed in the area of health and wellness needs of Greater Coatesville
  - Sensitive and thoughtful to a variety of opinions and beliefs
  - Excellent collaborators and team players
  - Empowered to make changes in their community

CAYPP members will acquire or improve upon professional skills including but not limited to:

- Conducting a needs assessment to determine what the priorities and opportunities are in the Greater Coatesville area
- Event planning for meetings, site visits, and ceremonies/receptions
- Programmatic writing (e.g. press releases, emails, speeches, etc.)
- Public speaking
- Conference calling

With mentorship provided by the Strategy Officer and other community leaders, youth participants will learn about various Coatesville area agencies, understand how to evaluate the needs of their community, and engage in the grant making process by reading grant proposals, going on site visits, and ultimately distributing \$15,000 to non-profits they select for grant awards. The program will meet approximately two to three times a month. Meetings will take place on a combination of Thursday evenings from (5:00-7:00 p.m.) and a few Saturday mornings (9:00a.m. to Noon) from late October through May. **Meetings will be held at the Brandywine Health Foundation Offices in the Historic Lukens Building, 50 South First Avenue, Coatesville, PA.**

**All applicants must be ages 14 to 18 as of August 31, 2019, and must live in the Coatesville Area School District. Students can be enrolled in public, private, parochial, charter, or cyber schools or home schooled.**

Applications may be emailed to Kimberly Daye Hardy, Strategy Officer:

[kdayehardy@brandywinefoundation.org](mailto:kdayehardy@brandywinefoundation.org)

**APPLICATIONS ARE DUE BY 4:00PM ON FRIDAY, October 11, 2019!**

## Applicant Information

Name \_\_\_\_\_

Birth Date (MM/DD/YEAR) \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Cell Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

School Currently Attending | Grade Entering \_\_\_\_\_ | \_\_\_\_\_

## Guardian Contact Information

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Cell Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

*By signing this, you are allowing the Brandywine Health Foundation's Coatesville Area Youth Philanthropy Program to review this application and contact you if needed. All communication about this program will be a combination of emails, phone calls, and text messages to the supplied applicant contact information. Thank you for your interest in our Program.*

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

### Applicant Questionnaire

This portion of the application is the questionnaire. These questions are taken very seriously and must be answered to the fullest of your capability. Be as honest and as explicit as possible.

1. How did you hear about the Coatesville Area Youth Philanthropy Program?
2. Why are you interested in becoming a board member of the Coatesville Area Youth Philanthropy Program?
3. In your own words, define philanthropy:
4. What two characteristics do you believe you are able to bring to the Coatesville Area Youth Philanthropy Program to make it unique?
5. What two ways do you believe you will benefit from the Coatesville Area Youth Philanthropy Program?
6. Give two examples on how you hold yourself accountable and responsible:
7. What three traits do you believe you have that exhibit the qualities of an exceptional leader?
8. Are you involved in any extracurricular activities? If so, what are they?

# **Coatesville Area Youth Philanthropy Program (CAYPP)**

## **The Brandywine Health Foundation**

### **Program and Photographic Consent Form**

The undersigned does hereby authorize

THE COATESVILLE AREA YOUTH PHILANTHROPY PROGRAM /  
THE BRANDYWINE HEALTH FOUNDATION

To expect the full consent/agreement of expectations of the Coatesville Area Youth Philanthropy Program and information described in the Handbook to be accepted by the member/participant, and for the Coatesville Area Youth Philanthropy Program / Brandywine Health Foundation associates, assistants, or subcontractors to photograph/film

---

**Name (please print)**

The undersigned agrees to follow rules, regulations, policies, procedures, and all expectations of the Coatesville Area Youth Philanthropy Program / the Brandywine Health Foundation.

The undersigned authorizes the Coatesville Area Youth Philanthropy Program / the Brandywine Health Foundation to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or World-Wide Web Publication for Information Systems and Technology or its constituent departments.

The undersigned agrees that the Coatesville Area Youth Philanthropy Program / the Brandywine Health Foundation may use name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges the Coatesville Area Youth Philanthropy Program / the Brandywine Health Foundation, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / images, including but not limited to, any claims for invasion of privacy or defamation.

**Accepted and Agreed:**

---

**Signature of Subject and/or Legal Guardian of child/ren subject{s}**

---

**Signature of Witness**

---

**Date**