



Youth Venture Application Form

“Dream it. Do it.”

For more information or assistance, contact:

**Ben Smilowitz, Mid-Atlantic Manager
Youth Venture**

1700 North Moore Street, Suite 2000

Arlington, VA, 22209

(703) 527-4126 ext. 272

Fax: (703) 527-8383

bsmilowitz@youthventure.org

<http://www.youthventure.org/>

Venture Name: _____

Dear Youth Venture Applicant,

Youth Venture is a national movement of young people who are successfully launching ventures in their own communities, and who are proving to the nation that young people have the dreams, competencies, and abilities to make a positive difference. As you prepare to join this movement by launching your own club, organization, or business, be sure you understand the criteria that Youth Venture and our Partner organizations use to select Youth Venturers.

The nine key criteria we use to select Youth Venturers are:

1. Young people must come up with the idea and actively control the venture.
2. The venture must involve a strong team of young people.
3. The venture must have a Partner and/or an Ally committed to its independence and success.
4. The venture must be designed to become an ongoing organization.
5. The venture must make a difference in the community.
6. The venture must have clear, attainable goals.
7. The venture must have a credible plan and budget for pursuing the venture's goals.
8. The young people involved must have the energy and skills to make it work.
9. The young people must be trustworthy, responsible, and know right from wrong.

Please take the time to answer the questions below as honestly and thoughtfully as you can. Use extra sheets of paper if you don't have enough space to give complete answers to questions. You may also submit your entire application on separate sheets of paper, as long as you include the questions and signatures required. Be sure to use the enclosed checklist as a guide to make sure that you have finished all parts of the application! Good luck!

KEY CONTACTS FOR YOUR VENTURE

Please list the contact information requested below for your venture's key youth contacts. For "Roles in Venture," you can put President, Founder, Treasurer, or other appropriate titles. For "Other Activities," list sports teams, musical groups and after-school clubs you might be involved in.

Name	Name	Name
Address	Address	Address
Email address	Email address	Email address
Phone (please indicate if voice mail)	Phone (please indicate if voice mail)	Phone (please indicate if voice mail)
Date of Birth Grade/School	Date of Birth Grade/School	Date of Birth Grade/School
Role in Venture	Role in Venture	Role in Venture
Other Activities	Other Activities	Other Activities

TELL US ABOUT YOUR VENTURE

1. What is your venture idea? Please explain it. Include the following information: (a) Where did the idea for your venture come from? (b) If it is a club, what is its purpose? (c) If it is a business or other type of enterprise, who will be the customers?
2. How will your venture benefit your community and/or your school or your peers?
3. What are the first few steps you will take if you become a Youth Venturer? Please list the initial activities you are planning for the next six months.
4. What is your long-term vision for your venture? What is your plan for recruiting the next generation of leaders for the venture?

SIGN HERE, PLEASE!

We, the youth leaders of our venture, certify that the information contained in this application is accurate. We give permission to Youth Venture to use photographs and other information about us and our venture in its promotional materials, including its Internet web site. (Please note that the signature of a parent or guardian is required for those applicants under 18.)

Name (print) Signature Parent's Name (print) Signature Date

Name (print) Signature Parent's Name (print) Signature Date

Name (print) Signature Parent's Name (print) Signature Date

PARTNER AND ALLY INFORMATION

Name of your Partner (sponsoring organization, if any)	Name of your Ally (person supporting you)
Partner Address	Ally Address
Partner city, state, zip	Ally city, state, zip
Partner telephone number(s) and email address	Ally telephone number(s) and email address

Thank you for completing this application, and best of luck as you start your venture! Please fax a copy of the application to your Partner organization's Youth Venture point person and return the application to your Youth Venture partner. To contact Youth Venture directly:

Youth Venture
1700 North Moore Street, Suite 2000
Arlington, VA 22209
Tel: (703) 527-4126 Fax: (703) 527-8383
Email: youthventure@ashoka.org

**PLAN OF ACTION: The First Six Months
VENTURE FINANCIAL STATEMENT**

CASH ON HAND AT START: _____

Cash Coming In...	1 st Quarter (1-3 months)	2 nd Quarter (3-6 months)
Sales of Products/Services		
Fundraising Proceeds		
Grant		

Total Income: _____

*Cash on Hand + Cash Coming In = Quarterly Income

Cash Going Out...	1 st Quarter (1-3 months)	2 nd Quarter (3-6 months)
Equipment Purchases		
Materials/Supplies		
Other Expenses (i.e. transportation, phone use)		

Total Expenses: _____

*Income minus expenses = Cash on Hand at the end of the quarter

1st Quarter Cash on Hand: _____

2nd Quarter Cash on Hand: _____

NOTE: Grants are provided by Youth Venture and its Partner organizations as award money to help you start your ventures. Grants are given to a venture to fund start-up costs, such as equipment. Grants are not available for salaries and wages, and we do not pay the operating costs of an organization once the start-up phase is complete. Money is not provided for the total cost of a venture; we expect YOU to raise the money through fundraisers (i.e. t-shirts, special events, etc.) in your community.