



BCHA YOUTH GRANT APPLICATION 2024

\$500 Grant Request Limit

State/Chapter Name	
Amount of grant requested	\$
Date of your event	
EIN Number	

CONTACT PERSON

NAME _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Number of youths expected to attend (Ages 18 and under) _____
2. A project/event report is required 30 days after project/event is complete, please provide a date this will be submitted.
Month _____ Day _____ Year _____
3. If approved, please provide the "Payable to" information for funds.

On a separate WORD document please explain your youth project in detail (Max. 500 Words)

The letter must include the following criteria...

- Does the project involve youth?
- Does it meet one of the principles of BCHA? If so, what part/s of the mission does this project support?
- What is the name of the event? Describe the event? (If applicable)
- Where is the project taking place? (i.e., Name of location)

Online Application [click here](#) or email complete application packet to michellewade@bcha.org