

THE PERFECTLY

FLAWED

FOUNDATION

Confidential Grant Application

- The Perfectly Flawed Foundation is a 501(c)3 non-profit organization that is strengthening communities affected by addiction by investing in children, individuals, and education. Through our mission we are able to provide grants to youth 17 and under who have been directly impacted by addiction in LaSalle, Bureau, Putnam, and surrounding counties. **If you have any questions about the application process or general “Yes4Youth” questions, call (815)830-8675 or e-mail team@perfectlyflawed.org.**
- We ask that Parents, Guardians, Individuals in Recovery, Grandparents, Teachers, or Counselors complete the application on the Youth’s behalf and provide verification of need.
- We ask that you provide the Youth’s top 3 areas of interest (1 being the most desired). We will contact our Community Partners and check availability. Activities are not guaranteed, however we will do our best to place the Youth in one of their top three areas of interest.
- Once the application is submitted, it will be sent for review to our “Yes4Youth” Advisory Committee.
- Once the application has been reviewed by our “Yes4Youth” Advisory Committee, we will then notify you through your preferred contact method on whether we are able to fund the grant at this time.
- “Yes4Youth” grants will be sent directly to the Community Partner for the Youth’s activity. “Yes4Youth” is a no cost program, the Youth and/or the Youth’s family will not be charged for the application or chosen activity. Grants are limited and based upon need and availability, not upon race, gender, ethnicity, or creed.
- All information collected through our “Yes4Youth” application is held in the strictest confidence and is used only by the Perfectly Flawed Foundation and our “Yes4Youth” Advisory Committee for the sole purpose of providing youth, directly impacted by addiction, something to say YES! to.

Please be sure to:

- Answer every question or field or indicate if an item does not apply.
- Provide Youth’s full name, date of birth, grade in school, and top 3 activities.
- Provide address, phone number, e-mail, and preferred contact method.
- Provide your name and relationship to youth.
- Sign and date the application.

If application not completed online, please return to:

The Perfectly Flawed Foundation

Attn: Yes 4 Youth

240 1st St, LaSalle, IL 61301

(815)830-8675 team@perfectlyflawed.org

Applications available online at www.perfectlyflawed.org/yes4youth



Find Your Passion & JUST SAY YES!

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Application to be completed by Parents, Guardians, Individuals in Recovery, Grandparents, or counselors on behalf of the Youth.

Youth's Full Name: _____

Youth's Date of Birth: _____ Age: _____

Youth's Gender: M F (circle one) Youth's Grade in School: _____

Address: _____ City: _____

Full Name of Person(s) Completing Application:

Relationship to Youth: _____

Parent/Guardian Contact Information:

Full Name (if different from above): _____

Home Phone: _____ Cell Phone: _____

Work: _____

E-Mail: _____

Preferred Contact Method: _____

How did you hear about the Perfectly Flawed Foundation "Yes4Youth" program?

Reference/Verification of Need(Social Worker, Counselor, Teacher, etc):

Full Name: _____

Relationship to Youth: _____

Phone Number: _____ Cell Phone: _____

E-Mail: _____

Preferred Contact Method: _____

Provide a brief explanation as to why you believe the Youth qualifies for the "Yes4Youth" program: _____



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Please tell us a little more about the Youth:

Favorite Color: _____

Favorite Food: _____

Favorite TV Show: _____

Favorite Sunny Day Activity: _____

Favorite Rainy Day Activity: _____

Favorite Animal: _____

Favorite Sport: _____

What makes Youth smile? _____

What makes Youth frown? _____

What Makes Youth laugh? _____

What does Youth want to be when they grow up? _____

What is Youth's biggest fear? _____

Anything else you think we should know, or you would like us to know about Youth?

Thank you for completing the above information. On the following page(s) is a list of our Community Partners and their available programs.

Please choose the Youth's top 3 areas of interest by labeling 1st, 2nd, and 3rd.



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- ___ Music (Flute) Lessons: Music Suite 408 - Peru
- ___ Art Lessons: Imagine U Studio - Spring Valley
- ___ Dance School: The Dance Center - LaSalle
- ___ Gymnastics: Illinois Elite Gymnastics - Peru
- ___ Gymnastics: IV YMCA - Peru
- ___ Yoga: Tana Yoga Studio - Peru
- ___ Golf Lessons: Senica's Oak Ridge Golf Club - LaSalle
- ___ Golf Lessons: Senica's Deer Park Golf Club - Oglesby
- ___ Athletic Training & Fitness: JJR Next Level Training & Fitness - LaSalle
- ___ Peaceful Moments Reiki - Ottawa
- ___ Horse Riding Lessons: Cedar Creek Ranch - Cedar Point
- ___ Horse Riding Lessons: Woodland Meadows - Marseilles
- ___ Martial Arts: IV YMCA - Peru
- ___ Martial Arts: Dragon Fire Dojo
- ___ Martial Arts: McKinney Martial Arts
- ___ Camps: Echo Bluff - Spring Valley
- ___ Summer Camps: IV YMCA - Peru
- ___ Summer Camps: YMCA - Ottawa
- ___ Summer Camps: YMCA - Mendota
- ___ Youth Sports: IV YMCA - Peru (ivymca.com/youth-development/youth-sports)
- ___ Youth Sports: YMCA - Mendota (ivymca.com/visit-mendota-area-y)
- ___ Child Safety: IV YMCA - Peru
- ___ Tumbling: IV YMCA - Peru
- ___ Birthday Parties: IV YMCA - Peru
- ___ Swimming Lessons (Group & Private): IV YMCA - Peru
- ___ Child Watch: IV YMCA - Peru
- ___ Preschool: IV YMCA - Peru
- ___ Before & After School Programs: IV YMCA - Peru
- ___ Youth Wellness Blue Card Orientation: IV YMCA - Peru
- ___ Yellow Card Lap Swim Program: IV YMCA - Peru



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- Family & Youth Events: IV YMCA - Peru
 - Aquatics: YMCA - Ottawa
 - Fitness & Group Exercise: YMCA - Ottawa
 - Preschool & After School Programs: YMCA- Ottawa
 - Youth Sports: YMCA - Ottawa (ottawaymca.org/programs/youth-sports)
 - Tot Lot Preschool: YMCA - Streator
 - Youth Sports: YMCA - Streator (streatorymca.org/youth-sports.php)
 - Youth Aquatics: YMCA - Streator
 - Terrific Twos: YMCA - Streator
 - Summer Camps: IVCC - Oglesby
 - Other: If the Youth has an interest in something that is not listed above, please provide a description for the activity and all the contact information needed (Participation is not guaranteed, but we will do our best to get the Youth involved in the activity of their choice).
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Printed Name of Parent, Guardian, Grandparent, Individual in Recovery, Or Counselor:

_____ Date: _____

Signature of Parent, Guardian, Grandparent, Individual in Recovery, Or Counselor:

_____ Date: _____

Thank you again for taking the time to complete the “Yes4Youth” application on behalf of the above named Youth. If you have any further questions or would like to check the status of the application, please contact The Perfectly Flawed Foundation at (815)830-8675 or team@perfectlyflawed.org.

A representative from the Perfectly Flawed Foundation will be in contact once the application has been reviewed.



Find Your Passion & JUST SAY YES!