



Power of Youth Program

Application

Applications can be dropped of at our Velva or Minot offices or e-mailed to Kristie Hoff at kristiekh@verendrye.com

Name of Group or Organization _____

Address _____

City/State/Zip _____

Phone Number _____

Contact Person _____

Address _____

City/State/Zip _____

Phone Number _____

Name of Parents or Guardian _____

*****Parents must have an active account with Verendrye Electric Cooperative to be eligible**

The Verendrye Electric Cooperative Power of Youth program is a way to honor youth groups in the communities we serve. Verendrye will award a cash prize, maximum of \$2,000, to a youth group that has made a positive impact in their community. It can be something new or part of an existent project. Only non-profit organizations are allowed to enter. Youth must be actively involved in the project and contributing in some way for the application to be eligible. Entries will be judged and more than one group may be awarded.

The cash prize will be made out to the group or organization and must be used towards their community project. The group must involve at least three youth, grades 7th through 12th.

1. Amount Requested and how it will be used? Please provide a detailed quote for items you intend to purchase.

2. How many youth are involved in the project and how are they involved?
(Applications will be rejected if youth involvement is not demonstrated)

3. List the names of group participants

4. How does your project provide a positive impact on your community?

5. Provide three reference names and their phone numbers.

Read and sign

By signing or typing your name, you understand that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Verendrye Electric Cooperative may consider this statement as continuing to be true and correct until a written notice of change is provided. Verendrye Electric Cooperative is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein.

Signature of Applicant: _____ Date: _____