

GUIDELINES AND GRANT APPLICATIONS FOR THE CRYSTAL CHARITABLE FUND for TRAVEL ALIVE PROGRAMS

PURPOSE:	<p>The Crystal Charitable Fund assists children and young adults with extreme financial need to:</p> <ul style="list-style-type: none"> • break out of poverty so they can live comfortable, productive lives; • grow up to be examples to others and to provide leadership in helping others do the same; • ultimately grow up to make a difference in bettering our world.
TYPE OF GRANT:	<p>Grant for an extended “away from home” cultural, educational, or other experience that will provide a skill, knowledge and/or personal value as a means of support to the individual. WE DO NOT FUND THE FOLLOWING: school tuition; equipment and supplies; spending money; college tours; group trips; applicants traveling with friends, classmates or relatives, applicants who have previously lived abroad or experienced an extended away from home activity; applicants who have previously received a Crystal award.</p>
AMOUNT OF GRANT:	One time grant up to \$4,000
GEOGRAPHICAL LOCATION:	Primarily limited to applicants from the metropolitan Chicago area.
FOCUS GROUP:	Children and young adults (through high-school) ages 16 to 19 years, from very financially impoverished family situations.
INDIVIDUAL CRITERIA:	All aspects of the application and supplemental information submitted are considered in the decision to approve or not approve a grant application.
APPLICATION DEADLINES:	Applicants for programs starting in June 2009 need to have applications in by February 1, 2009, for programs starting later than June 2009 must allow at least a four-month turnaround for application processing and preparation.
PROCEDURE:	<ul style="list-style-type: none"> • Complete both components of the application, including signatures. Please ensure that ALL areas are completed and signed before returning to us. The first section of page 2 of the Applicant component will be completed by Travel Alive. • Enclose a brochure and informational materials from the organization providing the activity for which the grant is requested.
SUBMIT MATERIALS TO:	<p>Travel Alive and Crystal Fund Partnership 725 Hayes Ave, Oak Park IL 60302 (708) 434-0448 ♦ (866) 551-1989 fax ♦ info@travelalive.com</p>

CRYSTAL CHARITABLE FUND GRANT APPLICATION - APPLICANT COMPONENT

Please complete ALL of the following application parts. Leaving a portion blank will disqualify or delay your application. Please TYPE OR PRINT LEGIBLY. Attach additional sheet(s) if necessary; however ensure that all parts of the application are SINGLE-SIDED ONLY.

Date of Application:	Applicant Name:	Parent/Guardian Name:	
Date of birth:	Phone:	Email:	
Address	City, State	Zip	
School attending:	Current grade in school:	Grade point average:	
Please list all individuals in household:			
	<u>Name:</u>	<u>Date of Birth:</u>	<u>Relationship:</u>
Total household annual income: (attach most recent tax return if available)		Parent(s)/Guardian employer(s):	
Does your family own any real estate, automobiles or bank accounts? (please list):			
Please note unusual expenses or circumstances you would like taken into consideration:			
Have you had extended time away from home or have you previously traveled extensively either within the U.S. or to another country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>When did you go?</u>	<u>For how long?</u>	<u>Where did you go?</u>	<u>What did you do?</u>
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Grant amount requested: \$4,000		Date grant verification needed:	
Specific activity for which grant is requested: Travel Alive Program in Nicaragua or Ecuador			
Dates of activity (beginning and ending): /		Where will you stay on this trip (hotel, dorm, homestay, camping)?: Home-stay with family	
Name of organization providing activity: Travel Alive – Oak Park, IL		Phone: 708-434-0448	Fax: 866-551-1989
Organization contact person: Tom LeaMond or Molly Allscheid		Email: info@travelalive.com	

Please answer the following questions to assist the committee in the selection process (you may attach additional sheets).

<p>What do you hope to achieve through participation in this activity?</p>
<p>How will you use your experience as a way of encouraging/supporting others to make positive life changes?</p>

APPLICANT SIGNATURE:	DATE:
I have answered questions on this application to the best of my ability and believe my answers are true and correct.	
PARENT/GUARDIAN SIGNATURE:	DATE:
I have read this application and the responses are true and correct to the best of my knowledge. I support this application.	
AGENCY REPRESENTATIVE SIGNATURE:	DATE:
I believe that the information provided about this applicant is true and correct.	

CRYSTAL CHARITABLE FUND GRANT APPLICATION - AGENCY COMPONENT

Please complete ALL of the following application parts. Leaving a portion blank will disqualify or delay your application. Please TYPE OR PRINT LEGIBLY. Attach additional sheet(s) if necessary; however ensure that all parts of the application are SINGLE-SIDED ONLY.

Date of application:	Name of Agency submitting application:		
Name of Agency staff completing application:			
Phone:	Fax:	Email:	
Address:		City, State:	Zip:

Name of individual being nominated:		
Phone:	Date of birth:	Parent/Guardian Name:
Address:		City, State: Zip:
School attending:	Current grade in school:	Grade point average:

Grant amount requested: \$4,000	Date grant verification needed:	
Activity for which grant is requested: Travel Alive Program in _____		
Dates of activity (beginning and ending): /	What are the accommodations on this trip (hotel, dorm, homestay, camping)?: Home-stay with family	
Name of organization providing activity: Travel Alive – Oak Park, IL	Phone: 708-434-0448	Fax: 866-551-1989
Organization contact person:	Email: info@travelalive.com	
Type of organization (check one): ___For-profit ___Not-for-profit * Please attach organization's brochure		

Total cost of program (including travel, documentation, out of pocket, etc.): \$	
Are there any other sources of support for your program (family, other scholarships, sponsor, etc.)?	
1.	\$
2.	\$
3.	\$

Answer the following questions to assist the committee in the selection process (you may attach additional sheets).

Describe the history of financial need in the applicant's family:
How do you believe this grant would help the applicant break the cycle of poverty?
Describe how the applicant would translate his/her experience to others as a way of encouraging/supporting others to make significant life changes.
What personal character strengths does the applicant have that will assist him/her in achieving long-term financial and personal self-sufficiency?

AGENCY REPRESENTATIVE SIGNATURE:	DATE:
I believe that the information provided about this applicant is true and correct to the best of my knowledge.	