1. Name and number of requesting Council: ____________________________

2. Description of your Council’s scholarship program. Please submit a written plan describing what the scholarship program consists of and how the money will be distributed.

3. Amount of Matching Funds requested (maximum amount per each Council is $800.00): ________________________

4. Date of General Membership vote: ________ Number of votes: _____ YES _____ NO

5. Signature of Council President: _____________________________________

6. Signature of Executive Committee Chairman: ____________________________

7. List the recipient of the Matching Funds Check below. **PLEASE NOTE** Checks will not be made payable to individual Councils and therefore cannot be deposited into the Council's regular checking account. The checks MUST be issued to a Council's scholarship program (which is a separate account), directly to a school, or directly to an individual student.

________________________________________

8. Submit completed application form and requesting Council check payable to:

   YMI Educational Foundation
   P. O. Box 281047
   San Francisco, CA 94128-1047

APPLICATIONS MUST BE SUBMITTED AND POSTMARKED NO LATER THAN APRIL 1, 2020.

ALL CHECKS WILL BE ISSUED ON APRIL 30, 2020 Checks will be mailed directly to the participating council’s official address.

Any questions please call 1-800-964-9646