



AKTAI MINIGRANT APPLICATION
PT. 2: ADULT ADVISOR APPLICATION

Name of club or organization: _____

Address: _____

Phone: _____

Name of adult advisor: _____

Email: _____

Phone: _____

1. In what capacity do you work with this group?

2. How long have you worked with this group?

3. Can you commit to supporting this group through the completion of activities in May 2010?

- Yes
- No
- Other

If other, please explain: _____



4. This program is based on youth led initiatives. Please describe your experience and comfort level with supporting youth led groups.

5. How does this mini-grant program fit into the mission and activities of your group this year?

6. Does your group have access to:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Other social networking site |
| <input type="checkbox"/> Speakerphone | Please list _____ |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Meeting Space |
| <input type="checkbox"/> MySpace | |

7. Does your group have an organization or other fiscal agent that we can send a check to?

- Yes
 No

If yes, what is the name we would write on the check? _____



Shine a little light on your town

Adult Leader signature: _____ Date: _____

Printed Name: _____

Printed Title: _____

By signing, leader commits to:

- Completing project activities
- Participating in the Youth Summit
- Cooperation with the AkTAI Coordinator and Team
- Appropriate use and reporting of grant funds
- Group will not accept any funding from the tobacco industry or any of its affiliates.

Once completed, please return to your youth leader so they can submit the entire packet before September 30, 2009.

Questions:

If you have any questions or need assistance, please contact:

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