

12TH ANNUAL
KEN-TON FRIENDS OF YOUTH FOUNDATION, INC.
“CHARLIE WOLFF MEMORIAL AWARD”
EDUCATIONAL GRANT APPLICATION

RECOMMENDATION FORM
DUE NO LATER THAN APRIL 24TH, 2010

Nominee's Name: _____		
Last	First	Middle Initial
Address: _____		
Number and Street		

City	State	Zip
Phone: _____	Date of Birth: _____	
School: _____	Year/Grade: _____	

Recommended By: Name: _____

Address: _____

Phone: _____

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone: _____

**If you need assistance, please call
Dennis Gallagher at 361-5764**

Please complete the following to the best of your knowledge. NOTE: The Charlie Wolff Memorial Award is for young people from the Kenmore - Town of Tonawanda area who will graduate or acquire their GED by June 2010 and who are often overlooked, struggling to be successful and need assistance to achieve. Use examples (be specific) your words can make the difference!

Recommendation Form – “Charlie Wolff Memorial Award”

Nominee’s Name: _____

3) Extracurricular activities undertaken by Nominee including school, community, or other: **(Use extra sheet if necessary but please mark it answer # 3)**

4) Has the Nominee been recognized in the past with any awards or other distinctions? If so, what? **(Use extra sheet if necessary but please mark it answer #4)**

5) Any special financial concerns? If so, what? **(Use extra sheet if necessary but please mark it answer #5)**

Check if additional pages are attached.

Recommendation Form – “Charlie Wolff Memorial Award”

Nominee’s Name: _____

6) What are the Nominee’s future plans? Continue education? Enter the working world? Please be specific: **(Use extra sheet if necessary but please mark it answer # 6)**

7) If entering the working world, what type of employment or occupation? Full or part-time? **(Use extra sheet if necessary but please mark it answer # 7)**

8) If continuing education, where will the nominee be attending and what will he/she be studying? **(Use extra sheet if necessary but please mark it answer # 8)**

Check if additional pages are attached.

Recommendation Form – “Charlie Wolff Memorial Award”

Nominee’s Name: _____

Please provide **Two References**, other than family, who could be contacted regarding this nomination:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Please Return The Completed Original Form and 4 copies To:

Ken-Ton Friends of Youth Foundation, Inc.
P.O. Box 607
Kenmore, NY 14217

- Due No Later Than April 24th, 2010 -

For more Information on the
Ken-Ton Friends of Youth Foundation, Inc.,
please visit our web site at:

www.kentonfriendsofyouth.org