

**YOUNG MEN'S INSTITUTE
EDUCATIONAL FOUNDATION
MATCHING FUNDS PROGRAM APPLICATION
(2017)**

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 \$500.00): _____
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. Where Matching Funds check is to be mailed:

NAME: _____

ADDRESS: _____

9. 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, 2017. ALL CHECKS WILL BE ISSUED ON APRIL 30,
2017.**

Any questions, please call 1-800-964-9646