



THE AMERICAN SOKOL
2025 Sister Carol Crosson Endowment Foundation
INDIVIDUAL YOUTH MEMBER GRANT APPLICATION

Name of your youth applicant _____

Parent's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Applicant's Date of birth _____ Age at time of event _____

Youth Member of Unit _____

(NOTE: Only ASO Youth members are considered)

Applicant will be attending (please check all that apply):

2025 Chicago Slet

Drilling/Performing in _____

Approximate airplane cost \$ _____

2025 Chicago Slet

Competing in gymnastics _____

Approximate airplane cost \$ _____

National Instructors School

Approximate airplane cost \$ _____

National Camp

Approximate airplane cost \$ _____

Has the participant attended the above (checked) event before?

Did the applicant register for the "Early Bird" fee of the National Instructors School or the National Camp?

Who typically is responsible for the travel expenses to the above event(s)

The Unit will subsidize travel

The parents will subsidize travel

Another source (fundraising, Junior Board, District, etc.)

An outside source; Please explain

When was/will the airfare for this event be purchased? _____

What is the projected cost? \$ _____

(A copy of the receipt will be required for final report.)

What other funds are being awarded to this applicant, in attending the above (checked) event(s)

Example: Registration fee paid by the Unit, etc.

Signature of Unit Physical Director _____

Printed Name of Unit Physical Director _____

Date _____

Contact information for Unit Physical Director

Please present this application upon signature to the Unit President