

Unitarian Universalist Society of Schenectady
Religious Education Aninger Fund Scholarship for Youth Leadership Development
Group Application

Applicant(Name of person completing application)

Name: _____ Age: _____

Address: _____

City, State, Zip code: _____

Phone: _____

Email: _____

Youth Group Advisor

Name: _____

Address: _____

City, State, Zip code _____

Phone: _____

Email _____

(Youth Group Name)

You may apply at any time, but applications are reviewed twice a year at the first Religious Education Team meeting in both November and May. Applications should be submitted by **November 1st** for review at the November RET meeting or by **May 1st** for review at the May RET meeting. Applications must be submitted before the date of the program. Please send applications to Director of Lifespan Religious Education, 1221 Wendell Ave, Schenectady NY 12308 or leave them in the Religious Education Team mailbox at the same location.

What trip/experience are you applying for? What are the dates of the trip/experience?

What is the total cost of this trip/experience?

How much money are you applying for from the Aninger Fund?

How much have you currently raised through fundraising campaign for this trip/experience?

Describe the trip/experience in detail including how the trip/experience fits into our Unitarian Universalist values.

If selected to receive an Aninger Scholarship, the RET requests you and your group share what the group has learned and how each of the group members' own UU faith has been furthered through this experience. In the past, this has been shared as a Circuit article, a presentation to a Coffee, Crullers and Conversations session and/or a presentation to the UUSS community during worship services. You and your group can choose the venue you are most comfortable with to share your experiences. Your signature below indicates your agreement to these terms. We recommend you complete this project within two weeks of your experience, but it must be completed within four months. Failure to complete this requirement within four months will jeopardize future applications.

Signature of Group Representative: _____ Date: _____

For office use:

Date received: _____ Date reviewed: _____ Amount Awarded: _____