



Native Health Initiative
www.loving-service.us

Native Health Initiative Youth Project Grant: *Youth Leading the Way*

Why is NHI offering these grants? We want to honor the youth in the American Indian community who strive to improve their communities. *Youth Leading the Way* is the title of this grant, reminding us that young people, through their creativity, can lead the way for positive change.

What is a community? This is up for you to decide – we all live in many communities, and your project can work to improve your Tribal community, your school community, your church community, etc.

Who is eligible? American Indian youth, ages 8-18, residing in the states throughout the United States. Projects must have 2-4 team members.

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Application – **Please return to NHI**, by email ([shannon@loving-service.us](mailto:shannon@loving-service.us)) or to the address listed above

\* Each student on the team should fill in Part 1, while Part 2 can be filled in as a group

**PART 1: Contact Information**

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_  
Age: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_  
Age: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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Age: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**PART 2:** Feel free to use extra sheets of paper if you need more space  
Please describe the project you wish to carry out

**How will this project improve your community?**

**How will you know if your project was a success?**

**Please give us a name of a parent(s), elders, or organizations in your community who will help you carry out your project – Mentors:**

**How much money will this project cost; supplies and materials?**

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*Thank you for applying -
we will let all applicants know of the final decisions
by email and/or phone contact*