



**Adams County Community Foundation  
The Shirley Smith Community Service Award  
Grant Application**

Name  
Age  
Address  
City, State, Zip

Email  
Cell  
Okay to Text? Yes or No

1. Describe the community service project.
2. Who is the sponsoring organization/nonprofit behind this project? Please provide the following information:
  - a. Name and contact information for the service project supervisor.
  - b. Sponsoring Organization Nonprofit Tax ID
  - c. Sponsoring Organization PA BCO
3. What is your motivation for participating in or creating this project?
4. Describe the total cost of this project (or participation fee) and how you are raising the money needed to complete this project.

Applicant Name (Please print)  
Applicant Signature  
Date

Parent/Guardian Name (if under age 18)  
Parent/Guardian Signature

February 2025