

Long Hollow District Youth
P.O. Box 555
Agency Village, SD. 57262
longhollowyouth2021@gmail.com

Phone: (605)698-4005
Fax # (605) 698-7779

I am requesting assistance for:

Youth Name: _____

Address: _____

_____ Hardship (Birthday Monies)

DOB: _____

Parent/Guardian: _____

_____ 8th Grade Completion Certificate

_____ School Clothes: (attach School verification)

If mailing,
Date & Time: _____

_____ Senior (Diploma) (attach copy of diploma)

_____ Senior Pictures/Rings/Star Quilt/Announcements/Cap & Gown Fees

_____ Sport Activities: Explain _____

(attach denial letter from SWO Youth Program)

_____ Other _____

(Applicant's Signature)

(Applicant's PRINT)

+++++
• Approved _____

• Disapproved _____

• Referred to _____

+++++
Date: _____ Check # _____ Amount Received: \$ _____

+++++
Fund Account: LHD Youth Board Fund Account Number: _____
+++++

(Youth Board Signature)

(LHD Executive Signature)

***Need prior approval from applicant & a signed note if you are picking up someone's check