



Project Summary

The **Project Summary** is designed to help us understand your proposed **Social Action Project**. Fill in this **Project Summary** form to tell us about a problem or need you would like to address in your community and how you think you can solve that problem or need.

The World We Want Foundation provides

- A Toolkit for creating your Social Action Project
- A micro-grant, if needed, and other assistance to help you create and implement your project
- An online **Showcase** for sharing your **Story of Social Impact** as a **Digital Portfolio** with our worldwide community of Young Global Citizens.

Please review the **Application Guidelines** with your **Project Mentor** before completing your **Project Summary**. When the form is completed, submit it to us according to the instructions in the Application Guidelines.

Project Name: _____ **Date (mm/dd/yyyy):** _____

Funding:

- We are applying for a micro-grant to help us develop our Social Action Project
- We are not applying for a micro-grant.
- We are not applying for a micro-grant now but may apply in the future.

Team Members (200 word limit)

Project Mentor (100 word limit)

Your Community (200 word limit)

Your Social Action Project: Describe the problem or need in your community that you want to address, how you plan to solve it, the resources you may need, and the impact you hope to see.

1. The Problem or Need you want to address (200 word limit)

2. Your Solution to the Problem (200 word limit)

3. Resources needed (200 word limit; include a simple budget)

4. The Impact in your community (200 word limit)

Team Coordinator (must be 13 years of age or older)

First Name: _____ School: _____
Last Name: _____ Birth Date (mm/dd/yyyy): _____
City: _____ Email: _____
State: _____
Country: _____

All Team Members may sign up individually as registered users of the site to receive news and updates from the Foundation. In 2012, we will have profile pages for Team Members.

Project Mentor (must be 21 years of age or older and affiliated with the Partner Organization)

First Name: _____ School: _____
Last Name: _____ Birth Date (mm/dd/yyyy): _____
City: _____ Email: _____
State: _____ Telephone: _____
Country: _____

Partner Organization (must be a tax-exempt nonprofit organization under U.S. law)

Name: _____
Address: _____
Contact: _____
City: _____ Email: _____
State: _____ Zip: _____ Telephone: _____
Country: _____