



# CHAMPIONS OF HOPE

SERVICE - LEADERSHIP - PHILANTHROPY  
2022-2023

**The Centers for Youth & Families**  
[www.TheCentersAR.com](http://www.TheCentersAR.com)



## **Champions of Hope Application**

*Applications are accepted **June 1, 2022 through August 1, 2022.***

**Thank you** for your interest in becoming a future Champion of Hope! You will join up to 50 other young men in 11<sup>th</sup> or 12<sup>th</sup> grade in a unique **leadership, philanthropy and service** program hosted by The Centers for Youth and Families.

### **Highlights of Champions of Hope:**

- Engage with community leaders and elected officials
- Join with your peers to earn service hours
- Earn a T-shirt, certificate of accomplishment and recommendation letters
- Learn how to fundraise to help others in need
- Learn needs of children and families in your community
- Be recognized at The Evolve Gala in Inviting Arkansas and Lamar Advertising billboards
- Champion Awards are The Champion of the Year, The Champion of Hope Difference Maker and The Champion of Service
- Champions receive three complimentary tickets (value \$450) to The Evolve Gala benefiting Centers for Youth and Families, scheduled to be held April 15, 2023.

### **Program Requirements:**

- Champions must be juniors or seniors in high school
- Commit to earning at least 20 hours of service
- Provide an auction item for The Evolve Gala live/silent auction.
- Complete a tax-deductible gift commitment of \$1,500 to be given or raised to benefit boys and girls served by The Centers. **A deposit of \$250 is required by August 1, 2022. The entire commitment must be gifted by April 1, 2023.**

*All gifts are invested in programs that enable boys and girls to overcome trauma and abuse and create pathways to success. The Centers' will provide support for fundraising activities.*

### **COVID-19 precautions during Champions of Hope**

The health and safety of our clients, their families, guests, volunteers and staff are of utmost importance to us at The Centers. We will continue to adhere to and stay apprised of all CDC recommendations.

**Have questions? Call Amanda Fleming, Development Officer, 501-666-9436, or email [AFleming@TheCentersAr.com](mailto:AFleming@TheCentersAr.com).**



**Application Form**  
**Complete all information**

First Name (preferred)	Last Name	M.I.	Birthdate
Street Address (inc. Apt#, if applicable)			
City	State	Zip	Champion Phone # Champion Email
Do you have a younger brother who might be interested in being a future Champion? If so, please include his name and grade.			
High School		Location (City)	Grade T-shirt Size
Guardian 1 Name		Guardian 2 Name	
Guardian 1 Cell		Guardian 2 Cell	
Guardian 1 Email		Guardian 2 Email	
Guardian 1 Employer		Guardian 2 Employer	
Champion of Hope Applicant Name (legal)		Signature	Date
Parent/Guardian Name		Signature	Date



**Each Champion of Hope will be recognized at The Centers' annual Evolve Gala. We will be using the information below in the script and slideshow for The Gala. Please, answer all of the information.**

Why do you want to be a Champion of Hope? 1-2 sentences.

List three community involvements. This can be volunteer work, clubs, sports, hobbies, etc.

- 1.
- 2.
- 3.

Who would you like to escort you across the stage at The Evolve Gala? You can have up to two escorts, typically one or two parents.

Escort 1:

Escort 2:

How would you like your name announced as you walk across the stage?

Examples: John Smith, John T. Smith, John T. Smith, II.



**Centers for Youth and Families Foundation Champions of Hope  
Authorization to Photograph, Video Tape, and/or Audio Tape or to Observe**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Permission is hereby granted for the following activity(ies) in regard to the above named client (initial all that apply):

\_\_\_\_ Photographing \_\_\_\_ Video-taping \_\_\_\_ Audio-taping \_\_\_\_ Use of photograph in publication

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**CONFIDENTIALITY STATEMENT**

I, the undersigned visitor at Centers for Youth and Families, am aware that client privacy is protected by the Health Insurance Portability and Accountability Act. This law specifically forbids me from disclosure of information gained as a result of my visit to The Centers. This confidentiality covers anyone I may see or information I may learn about any client during my visit here.

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**REVOCATION OF AUTHORIZATION**

This authorization may be revoked by notifying Centers for Youth and Families in writing addressed to: Centers for Youth and Families, Attention: Client Records Department, P.O. Box 251970, Little Rock, AR 72225-1970. Protected health information may already have been disclosed before the revocation is received. If so, the revocation will be effective only as of the date it is received by Centers for Youth and Families.

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Sign here to indicate that you have read, agree and give permission to the Authorization to Photograph, Video Tape, and/or Audio Tape or to Observe to The Centers for Youth and Families Foundation for the purpose(s) of promoting the Champions of Hope program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Champion of Hope

\_\_\_\_\_  
Date



## **Centers for Youth and Families Champions of Hope Financial Commitment**

The total tax-deductible gift commitment of the Champions of Hope program is \$1,500, invested in changing the lives of children and youth served by programs at The Centers. A \$250 deposit is due by August 1, 2022. The remaining balance of \$1,250 must be paid in full by April 1, 2023 and can be paid by monthly installment through a bank draft.

Automatic draft payments will be:

- Deposit of \$250 by August 1, 2022
- \$250                      October 15
- \$250                      November 15
- \$250                      December 15
- \$250                      January 15
- \$250                      February 15

\_\_\_\_\_ I will fund raise the gift commitment. Please contact me for more details.

I will complete the pledge of \$1,500 to the Centers for Youth and Families Foundation by April 1, 2023. I understand the full amount of my gift commitment is tax-deductible to the fullest extent of the law.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Centers for Youth and Families**

**AUTOMATIC DEDUCTION AUTHORIZATION FOR CHAMPIONS GIFT COMMITMENT DRAFT**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Gift Information:

Pledge Amount \$ \$1500 Monthly Deduction Amount \$ 250

☐ 15th of every month

Bank Name \_\_\_\_\_

Bank Location \_\_\_\_\_  
(City) (State)

Type of Depositor Account:

☐ Checking (Attach a voided check) ☐ Savings (Attach a voided deposit slip)

Bank Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

**AUTHORIZATION FOR AUTOMATIC DEDUCTION**

I authorize Centers for Youth & Families to withdrawal funds from my account

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Provide a VOIDED check/deposit slip**

Your Name Address    Paytotheorderof _____ Amount _____	<b>VOID</b>
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**Centers for Youth and Families**  
**Sponsorship Commitment for Champions of Hope (if you have a financial sponsor)**

Champions of Hope sponsors complete a financial contract so we can invoice or draft their gift payments appropriately and provide sponsors with the correct charitable donation credit.

**If you have a financial sponsor, please provide the following:**

Champion of Hope Name: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total Sponsorship Commitment \$ \_\_\_\_\_ which will be paid by: \_\_\_\_\_

\_\_\_\_\_ Automatic Draft from September through February. Enclose a voided check from the account which you wish to be drafted.

\_\_\_\_\_ I will complete the pledge commitment by April 1, 2023.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Amanda Fleming, Development Officer, at 501-666-9436 or AFleming@TheCentersAR.com with any questions or concerns.**