

CALIFORNIA COALITION FOR YOUTH



YOUTH SCHOLARSHIP APPLICATION | 2011 TAKING ACTION CONFERENCE

Full Name:
Email Address:
Birth Date & Age:
Mailing Address:
City, State, Zip:
Youth Organization/Agency that you are affiliated with:
Adult Contact @ Above Organization:
Adult's Phone Number & Email Address:

ESSAY QUESTIONS

Please answer the questions below on a separate sheet of paper. Be sure to answer thoughtfully and thoroughly.

1. Please describe a time when you have felt disconnected and how you took action to make a change.
2. Please describe how you feel youth can make a difference on a local, statewide, or national level.
3. If you could talk to our president, what would you tell him about youth in your community?
4. In what ways will your participation add to the value of the conference for others?
5. How will you take what you learn about the California Coalition for Youth back to your local community?

My signature below indicates that I have read and understand all the rules and requirements outlined in this application.

Youth Name (printed)

Agency-Affiliated Adult Name (printed)

Youth Signature

Adult Signature

Date

Date

All applications and supporting materials must be received on or before
FRIDAY, FEBRUARY 25, 2011

Selected scholarship recipients will be notified by email on or before March 11, 2011.