# Youth Advocacy Workforce Scholarship Application



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| Contact Information | |
|  | |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| County |  |
| Best Phone to contact |  |
| E-Mail Address |  |

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| Current Relevant Employment or Education | | | |
| Current employer/school: | | | | |
| Employer/school address: | | | How long employed: | |
| Phone: | | E-mail: | Fax: | |
| City: | | State: | ZIP Code: | |
| Major: | | Volunteer Hourly Salary (Please circle) | Due to Graduate: | |
| Requested Cost Amount:About You | | | |
| Please check all that apply (Optional) | | | |
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| Under age 26 |
| Able to work in the US |
| \_\_\_ I have had challenges with school, emotions, socially, learning, the police, drugs, alcohol, other.  (circle all that apply) |
| I am African-American |
| I am Latino |
| I am Asian |
| I am Caucasian |
| My race/ethnicity is not listed above. |
| \_\_\_ I have lived experience as a child or youth who has needed help in the areas of my challenges.  \_\_\_ **I have attached the training I wish to attend.**  \_\_What is the training cost. |
| Personal Statement | | | |
| Summarize why you wish to better your skills as a Youth Advocate and why it is important to you. You may write on the back of this paper or use a separate sheet of paper to answer. Please limit to one page. | | | |
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| All Youth Advocates are supported and considered a member of Youth Move NC |
| Summarize how you wish to support families in your community as a member of Youth Move NC. |
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| Scholarship Agreement |
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* Funds would be used to pay for 100% of the fee for any training after proof of application is accepted.
* It is the expectation of NCFU and the NC State Collaborative for Children, Youth and Families those applicants that receive the scholarship use their skills to advocate for themselves and their NC peers.
* Scholarship awardees will be invited annually to report to the state collaborative on their experiences as a Youth Advocate awardee annually. This report may be in the form of a written report verified by a supervisor, or an in person presentation and update.
* It is agreed to set aside up to $10,000 to subsidize certification fees.
* Scholarships will be awarded on a first come first serve basis.

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| Agreement and Signature | |
| By submitting this application and attached proof of acceptance to take any training or course, I affirm that the facts set forth in it are true and complete. I understand that if I am awarded a scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate termination of award. I will then need to reimburse all funds to the funder. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |
| Our Policy | |
| It is the policy of this committee to provide equal opportunities without regard to marital status, race, color, religion, national origin, gender, sexual preference, age, or disability.  Thank you for completing this application form and for your interest in furthering your leadership skills. | |

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