

UNIVERSITY OF YOUTH POWER!

2019 AMPLIFY-NY Scholarship Application

SEND YOUR COMPLETED APPLICATION TO:

Email: uyy.scholarships@youthpowerny.org

Subject: UYPAMPLIFYNY

Mail: YOUTH POWER! 737 Madison Ave. Albany NY 12208

Fax: 518-434-6478

By May 13th, 2019



YOUTH POWER!
AMPLIFY-NY

Applicant Information

Name: _____

Gender: M F _____ Pronoun: _____ Date of Birth: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

County: _____

Home Phone (with area code): _____

Cell (with area code): _____

E-mail Address: _____

Are you involved with any youth groups? Yes No

If yes please list the name of the group(s) and your role.

Name: _____

Role: _____

What major would you like to declare for UYP? Peer Advocacy Systems Advocacy

Choose from the following registration types:

Resident Student (overnight) Day Student

Do you have regular access to e-mail? Yes No

If yes, how often do you access it? Daily Weekly Monthly

Which race/ethnic group do you identify with the MOST? (Check one)

African American Asian/Pacific Islander Native American

Hispanic/Latin European/Caucasian Other _____

What service systems have you used in your life? (Check all that apply)

Mental Health Child Welfare Criminal Justice Developmental Disability

Addiction Recovery Special Education Employment Services

Temporary and Disability Assistance Other _____

Are you currently employed as a Youth Peer Advocate? Yes No

If yes please list the name of the organization you work for.

Organization: _____

Short Answer Questions

Please give us detailed answers to all of the following questions. The more you say, the better we get to know you. It is best to attach another sheet of paper if you are not typing this directly into the document.

- 1. Who are you? Tell us a little about yourself and share with us an important experience you have had as a young person with a disability.**

- 2. Why would you like to attend the University of YOUTH POWER! and what do you hope to get out of it?**

- 3. Your participation in UYP also means that you are willing to be active in the AMPLIFY-NY planning group. What are some skills, talents, and hobbies you can bring to the AMPLIFY-NY planning group to plan future events?**

Signatures

This application was completed to the best of my ability. All information about myself is truthful and factual to the best of my knowledge. I completed this application on my own and/or with the assistance of the support person identified below.

Signature of Applicant: _____

Date: _____

Printed name of Support Person, if applicable:

Signature of Support Person, if applicable:

Date: _____

Please contact us if you have questions.

Amanda Davidson, Youth Outreach and Engagement Coordinator

Phone: 518-949-4338

Email: uyv.scholarships@youthpowerny.org