

# UNIVERSITY OF YOUTH POWER!

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On June 22-25, 2019, YOUTH POWER! will be hosting the sixth annual University of YOUTH POWER! (UYP), a for-youth-by-youth social justice conference that is modeled after a college experience. UYP is the premier youth peer leadership conference that provides Youth Peer Advocates and change agents the opportunity to build skills and expand their professional network. Young people ages 18 to 30 can register with a major of Peer Advocacy or Systems Advocacy. UYP will take place in Albany, New York, at the College of Saint Rose. Resident students have overnight accommodations in the apartment style dormitory as well as meals on campus.

## University of Youth Power 2019 - NYC DOHMH Scholarship

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) will provide thirty young adults with the opportunity to attend University of Youth Power 2019 (UYP19). This opportunity will give participants the chance to enhance their professional skills and advance their personal goals. More information on UYP19 can be found here: <http://www.youthpowerny.org/uyp/>

## Application Overview

### **Eligibility- All applicants must be:**

- Between the ages of 18 and 30
- Living in NYC
- Either a current or former Youth Peer Advocate, interested in becoming a Youth Peer Advocate, or a young adult interested in advancing social justice and/or peer advocacy in NYC youth-serving systems

## Instructions:

Please complete the following brief application. Applications will be reviewed and accepted on a **first come, first served basis and will not be based on merit or quality of responses.** Please ensure you complete your application in its entirety. Instructions on how to register for the event will be given to you upon the acceptance date.

Thank you for your interest in attending UYP19. Please continue to the next page to answer all of the application questions!

## **2019 NYC DOHMH Scholarship Application**

SEND YOUR COMPLETED APPLICATION TO:

Email: [uyp.scholarships@YOUTHPOWERNY.org](mailto:uyp.scholarships@YOUTHPOWERNY.org)

Subject: UYPNYC

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

Fax: 518-434-6478

**Due by: May 13<sup>th</sup>, 2019**

**Please fill out ALL sections in order to be considered for a scholarship. The more information we know about you, the better we are able to determine scholarship awardees!**

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

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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

County: \_\_\_\_\_

Home Phone (with area code): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please note, you will be contacted via email if you have been selected for a scholarship.**

Are you currently a YPA?                      Yes                      No

If yes, please list the agency you work for: \_\_\_\_\_

Are you involved with any youth groups? (Circle one)                      Yes                      No

If yes, please list the name of the organization and the length of time as a YPA.

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

Time Length: \_\_\_\_\_

Do you have regular access to email?    Yes                      No

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

**Please note, you will be contacted via email if you have been selected for a scholarship.**

What service systems have you used in your life? (Circle All That Apply)

Mental Health              Foster Care              Juvenile Justice              Developmental Disability

Addiction Recovery    Special Education    Vocational              Other Disability Services

Other: \_\_\_\_\_

Have you previously attended UYP?            Yes            No

If yes, which year, what was your major, examples of how you used knowledge you gained to benefit your personal and professional career goals:

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What benefits and skills do you think you will gain from attending UYP19?

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How would you implement what you learn in your community and/or your work?

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How would attending UYP18 help you reach your professional and/or personal goals?

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**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:

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Signature of Support Person, if applicable:

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