**Youth –Voice Digital Literacy and Storytelling**

**Application**

*Items marked with an asterisk (\*) are required*

**Name \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \* Middle Initial Last Name \*

**What do you prefer to be called?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address** \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number** \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth \*** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

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**Gender**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expected Year of Graduation \*** \_\_\_\_\_\_\_\_\_

**Home Address \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**Mailing Address** (if different from above) **\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**Parent/Guardian Name** (**\***required if participant is under 18 years of age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

**Parent/Guardian Phone** (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ [\_] Cell phone? [\_] Land Line

**Parent/Guardian Email address** (**\***required if participant is under 18 years of age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Note: All correspondence—newsletters, updates, etc. will be sent to this address if the minor participant has also supplied an email address, correspondence will also be sent there)

**References**

Please provide the name & email address (if known) of two teachers or other adults who can help us get to know you better. We will contact them with a few questions, so be sure to ask if they are comfortable speaking on your behalf.

**Teacher Reference #1 Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

**Teacher Reference #1 Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher Reference #2 Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

**Teacher Reference #2 Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Check all that apply:

Do you identify as Hispanic? [\_]Yes [\_]No

**I am**

[\_] Native American

[\_] Pacific Islander

[\_] Asian

[\_] White

[\_] Black or African American

[\_] Latino

[\_] More than one race

[\_] Other or Unknown Personal Information

**How did you hear about Youth-Voice Digital Literacy and Storytelling (YVDLS)?**

**What are your plans for the future? How might YVDLS help you achieve them? \***

**List four adjectives that you, your family or your friends might use to describe you:**

Adjective

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Think about how you feel at school or in your community.

**Tell us how you think you’re doing on the following:**

|   | Needs Improvement |  I'm working on this! |  Pretty good | Doing well with this. |
| --- | --- | --- | --- | --- |
| I have good study habits/skills (organization, time management, completing and turning in homework) |   |   |   |   |
| I feel motivated and/or comfortable participating in class |   |   |   |   |
| I’m motivated to work toward going to college, even if I don’t know how to get there yet |   |   |   |   |
| It’s important to me to get good grades |   |   |   |   |
| I ask for help when I need it and accept help when it’s offered |   |   |   |   |
| I work well with others in class, on the field, or in my community |   |   |   |   |
| I am able to work independently (setting & reaching goals, staying focused & on task) |   |   |   |   |
| When I am upset, I have strategies to calm myself down |   |   |   |   |
| I see myself as a leader and/or others see me as one |   |   |   |   |

**Personal Statement**\*

**Please describe an experience, person or achievement that has had an important impact on you.**

Your response is important to us. Please be sure to write about two paragraphs.

You may write your statement above and/or enclose a separate page handwritten or typed if needed or preferred.

If you do enclose an additional page, please put your name on it and and check the box below.

[\_] I am enclosing a separate page for my personal statement.

**What activities, hobbies or jobs do you participate in?**

**Is there anything else you would like us to know about yourself? Feel free to share.**

**Participant Signature\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \*** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

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**Contact us**

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