

Asian American Public Health Youth Leadership Academy (AAPHYLA)
July 8, 2024 - Aug 9, 2024

INSTRUCTIONS: Please complete the application below to the best of your knowledge. For questions and application submission, please email cchrchealth@chasf.org. Please complete and submit the application by June 17, 2024. We look forward to your application!

This program is only available in English.

BASIC INFORMATION

First name: _____ Last name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Gender: Male Female Other, please specify _____

Age: _____ Date of birth: _____

Phone number: _____ Email: _____

High School: _____ Grade level: _____

Besides English, what language (s) you can speak/write/read: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone number: _____

Relationship to the applicant: _____

I consent to my child's participation on all activities/trips that are part of the AAPHYLA program.

Signature: _____ Date: _____

PLEASE ANSWER THE FOLLOWING (THREE TO FIVE SENTENCES PER QUESTION):

**Tell us about your previous leadership, volunteer- and health- related experience (if any):
Note: if none, list N/A and proceed to next question)**

Leadership:

Volunteer:

Health-related:

Based on your knowledge and experience, what is leadership?

Why are you interested in AAPHYLA?

What do you hope to learn from AAPHYLA?

FROM APPLICANT

I (print applicant name) _____ pledge all the information in this application are correct and provided solely by me. Once selected in AAPHYLA, I am willing to abide AAPHYLA program's rules and expectations.

Signature: _____ Date: _____