

OHIO YAB Youth Leadership Program Application

1. YOUTH PERSONAL INFORMATION (Please print or type.)

Full Name: _____

Age: _____

Gender: _____

Current Address _____

City: _____

State: _____

Zip: _____

Email: _____

Please Check One:

Under Agency Care

Independent Youth

Organization/Agency: _____

Caseworker: _____

Agency Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Youth Signature: _____

Parent/Guardian Signature: _____

Witness: _____

Date: _____

CHECK ONE:

- I AM AN INDEPENDENT YOUTH REQUESTING A 100% SCHOLARSHIP.
 I ALSO NEED TRAVEL EXPENSES COVERED

OR

- I AM A YOUTH UNDER AGENCY CARE AND AM REQUESTING A 50% SCHOLARSHIP.
 I ALSO NEED TRAVEL EXPENSES COVERED.

Conference Name _____

Conference Location _____

Conference Dates _____

Conference Registration Amount _____

Please submit the form in one of the following three ways:

Mail to:

PCSAO Annual Conference
510 E. Mound Street, Suite 200
Columbus, OH 43215

Fax to:

Attn: Arlene Jones
614-228-5150

Questions:

Call 614-224-5802 or
E-mail arlene@pcsao.org.

More information on OHIO YAB, please visit
<http://www.pcsao.org/ohioyouth.htm>