

Youth ACTION Institute Application  
 June 23 – June 27 2009  
 University of California-Berkeley  
 Oakland, California



# YOUTH ACTION INSTITUTE 2009

The application with essay answers must be received by 5pm on February 5, 2009. It can be faxed, mailed, or emailed using the info provided and is available online at [www.campaigntoendaids.org](http://www.campaigntoendaids.org). You will be notified of your acceptance by March 21, 2009.

If mailing your application, it must be sent a few days earlier to assure it arrives by February 5th. The Youth ACTION Institute is open to non- U.S. residents.

CAMPAIGN TO END AIDS/YAI '09  
 727 15th Street NW Suite #210  
 Washington, DC 20009

For more information, please contact:

Lolisa Gibson - [lolisade06@yahoo.com](mailto:lolisade06@yahoo.com)  
 George Montgomery - [gmontgomery2021@yahoo.com](mailto:gmontgomery2021@yahoo.com)  
 Contact C2EA at [info@campaigntoendaids.org](mailto:info@campaigntoendaids.org)  
 or 1877 END AIDS (363-2437).

Travel arrangements will be made once acceptance is confirmed.

**To be completed by sponsoring organization(s):**

ORGANIZATION NAME
ADDRESS
PHONE

CONTACT PERSON/TITLE
CONTACT SIGNATURE
DATE

By signing below I agree that my organization will sponsor and support this applicant with fundraising and completion of the post-YAI project .

**Your Contact Information**

NAME	
PERMANENT ADDRESS	
ALTERNATE ADDRESS	
HOME PHONE	WORK PHONE
E-MAIL	

**Emergency Contact Information**

NAME	
RELATIONSHIP	
PERMANENT ADDRESS	
HOME PHONE	WORK PHONE
E-MAIL	

**Background Information**

DOB (REQ IF UNDER 18)	GENDER (Male) (Female) (M2F) (F2M)
(Optional) HIV STATUS	RACE/ETHNICITY

**Dietary/Other Requirements**

FOOD REQUIREMENTS / DIETARY RESTRICTIONS
OTHER REQUIREMENTS

**Parent/Guardian (required if under 18)**

PRINTED NAME	
SIGNATURE	DATE

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete.

PRINTED NAME	
SIGNATURE	DATE