**Youth Impact Workshop – 15th to 17th July 2015**

**APPLICATION FORM**

**DEADLINE: 29th May 2015**

For more info contact us via email at [youthimpactworkshop@gmail.com](mailto:youthimpactworkshop@gmail.com) Or Call +233 (0) 262121225 **Facebook:** [www.facebook.com/youhthimpactworkshop](http://www.facebook.com/youhthimpactworkshop) ***Keep all answers in space provided.***

*Student Information*

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male\_\_\_\_\_\_** **Female\_\_\_\_\_\_**

**Address:**

*Street City*

**Mobile Phone:**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Short Answer Questions*

**Why do you wish to participate in Youth Impact Workshop?**

**What are you passionate about and why?**

**List any activities you participate in at school or in your community and any leadership positions held**.

**What need/problem have you identified in your school or community and how do you plan to address it after Youth Impact Workshop?**

**Need/ Problem:**

**Solution:**