

# YOUTH HEALTH CARE AWARENESS COHORT (YHCAC)

Encouraging youth to learn about health care disparities in their communities

We are looking for 20 high school seniors interested in the health care field and equity and equality justice to learn about how health outcomes affect African American and Indigenous people from diverse experts in the health care field.

- Students must be in good academic standing (GPA of 2.5 or better), have volunteer experience and identify as a person of color.
- Apply with a letter of recommendation from a teacher, spiritual leader or community organization.
- Two paragraph statement on why you have interest in the health care field.



## YHCA Cohort benefits:

- 5 Unique Classes (5pm – 8pm every Wednesday)
- CPR/First Aid Training (on-line)
- \$75 Stipend upon completion
- Certificate of completion
- Lunch
- Networking with diverse students and teachers
- Build health care advocacy knowledge & vocabulary
- The opportunity to show extracurricular activity for higher education or future employment

**2 FREE 5 week sessions available: June 2021 or September 2021**

Send applications to: [Sameerah.bilal-roby@wilder.org](mailto:Sameerah.bilal-roby@wilder.org) by April 1, 2021

Questions to: [akhmiri@culturalwellnesscenter.org](mailto:akhmiri@culturalwellnesscenter.org)

*This program is sponsored by:*

Cultural Wellness Center (CWC) | Wilder African American Babies Coalition and Projects (AABC) | Ignited Faces of Beauty (IFOB)

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## Youth Health Care Awareness Program

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Birthdate: \_\_\_\_\_ Student ID.: \_\_\_\_\_ Desired Month: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

\_\_\_\_\_

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## References

*Please list three personal references from either a teacher, spiritual or community leader!*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Attachments

**Attach letter of recommendation from one the above** Name: \_\_\_\_\_  
**Complete the attached photo release form** \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Phone: \_\_\_\_\_