Youth Health Equity Council Application
Co-Developed by the American Heart Association & UCSF Benioff Children’s Hospital
Application Deadline: Wednesday, September 12, 2018

**Applicant Information**

**Student’s Full Name:**

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<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
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**Street Address or P.O. Box:**

____________________________________________________

**City/State/Zip:**

____________________________________________________

**Phone:**

____________________________

**E-mail Address:**

____________________________________________________

**Date of Birth:**

____________________________

**Gender:**

☐ Male ☐ Female

**Current Grade Point Average:**

____________

Did you take Biology?  Yes____ No____ What was your grade? ______

**School Name, District & Grade Level:**

____________________________________________________

**Ethnicity** (please check one): Information on ethnicity is used for demographic purposes only. The AHA & UCSF is firmly committed to encouraging diversity in its programs.

☐ African American / Black ☐ Pacific Islander

☐ American Indian / Alaskan Native ☐ Vietnamese / Vietnamese American

☐ Chinese / Chinese American ☐ White / Caucasian

☐ East Indian / Pakistani ☐ Other Asian

☐ Filipino / Filipino American ☐ Other Spanish American / Latino

☐ Japanese / Japanese American ☐ Other: _____________________________

☐ Korean / Korean American ☐ Decline to State

☐ Mexican / Mexican American / Chicano

**Primary Language(s) Spoken at Home:**

____________________________________________________

**Total Family Income:**

☐ Less than $20,000 ☐ $20,000 - $29,999 ☐ $30,000 - $39,999

☐ $40,000 - $49,999 ☐ $50,000 - $59,999 ☐ $60,000 - $69,999

☐ $70,000 - $79,999 ☐ $80,000 - $89,999 ☐ $90,000 or greater

**Highest Level of Education Completed:**

Unknown or not available

Never Attended School

Attended Six Years or less

Attended Junior High School

Finished Junior High

Attended Some High School

High School Graduate (High School Diploma)

General Education Diploma (GED)

Attended Some College or University

Associates of Arts (AA, AS, etc.)

Bachelor’s Degree (BS, BA, AB, etc.)

Master’s Degree (MA, MBA, MS, etc.)

Doctorate (PhD, MD, EdD, etc.)

College degree obtained outside U.S.? ☐ Yes ☐ No

If degree obtained outside U.S., country acquired? _____________________________

Student’s Educational Goal: ________________________________

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<th>Father/Guardian</th>
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<td>☐ Yes ☐ No</td>
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If degree obtained outside U.S., country acquired? _____________________________

If degree obtained outside U.S., country acquired? _____________________________
College Preparation:
Have you participated in any college preparation or academic enrichment programs?  ☐ Yes  ☐ No

If yes, please describe:______________________________________________________________

Student Commitment
I understand that the Youth Health Equity Council (YHEC) is a program designed to inform and address children’s health equity by examining chronic diseases and disparities within both local and vulnerable populations. YHEC Members will then be empowered to make changes with exposure to careers in public health, STEM, research, medicine and advocacy. If accepted, I intend to participate fully. I am committed to attending monthly YHEC meetings or activities on time and putting forth my best effort. If accepted, I understand that I must commit 2-5 hours per month to the program, including orientation and closing celebration.

Student Signature: _______________________________  Date: _____________

Parent/Guardian Permission
I give permission for my child to participate as a Youth Health Equity Council (YHEC) member. I understand that, if accepted, my child must commit to attending a monthly meeting or activity lasting up to 5 hours each, including the program orientation and the closing celebration. I personally commit to attending BOTH the parent/student program orientation (September Date TBD) and the Closing Celebration on (April/May Date TBD). I will support my child’s participation as a YHEC member and encourage my child to work hard and participate fully.

Parent’s/Guardian Signature: _______________________________  Date: _____________

Please email the competed application with the Subject Line: YHEC APP to Shane Valentine and cc Don Woodson:

Shane Valentine
Director – Corporate and Community Impact
Greater Bay Area Division, American Heart Association
Email: Shane.Valentine@heart.org
Phone: 415-755-5843

Don Woodson
Director – Center for Science, Education & Outreach
Office of Diversity and Outreach, University of California San Francisco
Email: Donald.Woodson@ucsf.edu
Phone: 415-476-5353

Thank you for your consideration