



American Heart Association.

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: Last First Middle Initial

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
American Indian / Alaskan Native
Chinese / Chinese American
East Indian / Pakistani
Filipino / Filipino American
Japanese / Japanese American
Korean / Korean American
Mexican / Mexican American / Chicano
Pacific Islander
Vietnamese / Vietnamese American
White / Caucasian
Other Asian
Other Spanish American / Latino
Other:
Decline to State

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

Table with columns: Highest Level of Education Completed, Father/Guardian, Mother/Guardian, Student's Educational Goal. Rows include education levels from 'Unknown or not available' to 'Doctorate (PhD, MD, EdD, etc.)' and 'College degree obtained outside U.S.'.

**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 completed 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](mailto: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  
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Phone: 415-476-5353

Thank you for your consideration