



## 2017 SYF Scholarship Application

### WELCOME

**Be Advised: Please see the website for a preparation document before trying to complete this online. This form requests longer responses about the team, and you may lose your responses if you wait too long to author them while in the system.**

**In summary, the form will time out and you will need to start again from the beginning. Please prepare your answers!**



## 2017 SYF Scholarship Application

### POLICIES AND GUIDELINES

**Please check the boxes showing your commitment and acknowledgement of the policies and guidelines of the scholarship and attendance at the Spring Youth Forum.**

**\* 1. TEAM ADULT ADVISOR STATEMENT OF COMMITMENT**

I agree to attend and assist my youth team at the Spring Youth Forum. I commit to ensuring that my team will participate in the entire Spring Youth Forum program and adhere to all event rules and policies. I am an authorized representative of my organization and am aware of the responsibility of being the Team Adult Advisor. I have downloaded, reviewed, and agree with the Team Adult Advisor Guidelines (available on the Spring Youth Forum website).

I have read and understand the above "Team Adult Advisor Statement of Commitment."

\* 2. POLICIES AND GUIDELINES

Not all teams are guaranteed a scholarship and/or teams may be awarded partial scholarships. Team members can visit the FAQs page on the conference website for frequently asked questions and additional guidelines and tips. Priority will be given to applications that are completed and received by the deadline noted on the website. Given that there is a waiting list every year for scholarships, teams should prepare by obtaining permission and completing any supplemental funding for travel, lodging or event costs in advance. Teams not receiving scholarships will be placed on a waiting list. If additional scholarships become available, the Team Adult Advisor may be contacted. Teams not registered by the deadline will lose their scholarship. Should teams register less than the number of team members awarded a scholarship, the number of hotel rooms awarded may be adjusted (awarded to other teams who are in need of more rooms). It is the expectation that participants will share rooms when appropriate and feasible. Teams may need to purchase additional rooms for team members, chaperones and/or adult advisors. Contact UNR/COB after award notification if you need the code for lodging. If non-scholarshipped youth attempt to participate onsite with a team at the event, the team may be disqualified.

I have read and understand the above "Policies and Guidelines."



## 2017 SYF Scholarship Application

### CONTACT INFORMATION

**Please enter your contact information.**

\* 3. Please enter your contact information.

Team Name

Team Organization/  
Affiliation Agency

Team Adult Advisor Name

Team Contact (if same as  
above, use "N/A")

Contact Email

Organization

Address Line 1

Address Line 2

City

State

Zip

Contact Phone Number

\* 4. County

\* 5. Title of Prevention Project

\* 6. Is this your team's first year participating in the Spring Youth Form?

Yes

No



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SUMMARY OF SCHOLARSHIP REQUEST

**In short, denote what your team needs to assist with your participation in the Spring Youth Forum by answering the questions.**

\* 7. Our team is requesting the following:

(Teams are not guaranteed scholarships and some partial scholarships may be awarded.)

|                                 | Yes                   | No                    |
|---------------------------------|-----------------------|-----------------------|
| Travel Assistance               | <input type="radio"/> | <input type="radio"/> |
| One Chaperone Registration      | <input type="radio"/> | <input type="radio"/> |
| Up to Three Youth Registrations | <input type="radio"/> | <input type="radio"/> |
| Two Chaperone Registrations     | <input type="radio"/> | <input type="radio"/> |
| Up to Six Youth Registrations   | <input type="radio"/> | <input type="radio"/> |
| Lodging for May 16              | <input type="radio"/> | <input type="radio"/> |
| Lodging for May 17              | <input type="radio"/> | <input type="radio"/> |

Other (please specify)

\* 8. Our team would like to bring additional youth if space becomes available. If so, add how many in the "Other" box below.

Yes  No

Other (please specify number of additional youth and chaperones)



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**DETAILED DESCRIPTION OF SCHOLARSHIP REQUEST**

**Please enter specific scholarship information about your need.**

\* 9. Should your team receive travel assistance as part of your scholarship award, who would the payment go to?

Note: The payment will only be mailed to the address on the authorized, and signed W-9 form. Please fax a W-9 for the payee at 775-784-1773.

Organization  Team Adult Advisor/Individual  N/A

Specify Name of Payee (from W-9 Form)

\* 10. Do you have multiple groups under this same payee?

Yes

No

\* 11. Please include the total NUMBER of chaperones and youth for whom you are requesting scholarships. (Team size is limited to a maximum of 6 students and 2 chaperones – one chaperone for every three youth.)

Chaperones (Male)

Chaperones (Female)

Youth (Male)

Youth (Female)

\* 12. Indicate the number of hotel rooms requested: (will not scholarship more than 4 per group)

May 16

May 17



## 2017 SYF Scholarship Application

### SECTION 1: GENERAL TEAM INFORMATION

This application should be specific to each team's project rather than the organization. Please answer the questions below regarding your team's project data.

\* 13. Please check the prevention area(s) your program MOST closely addresses:

- Anti-Tobacco
- Alcohol Abuse
- Illegal Drug Use/Abuse
- Prescription /Over the Counter Drug Use/Abuse
- General Prevention
- Gangs/Violence/Bullying
- Pregnancy/Teen Parenting
- Mental Health Promotion/Suicide Prevention
- Marijuana (specifically)
- Other

Other (please specify)

\* 14. Please explain if your team implemented an evidence-based prevention strategy or program? (100 words)

\* 15. How long does your project take to implement (start to finish): (Check only one)

- One Day
- One Week
- Two Weeks
- One Month
- 2-11 Months
- One Year
- Ongoing
- Other

Other (please specify)

\* 16. When was your project implemented?

Date

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| MM                   | DD                   | YYYY                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

\* 17. Will your project be completed prior to May 17, 2017?

- Yes
- No

\* 18. How many people did the project reach in your community?: (Check only one)

- 1-50
- 51-200
- 201-500
- 501+
- Other

Other (please specify)

\* 19. What is the total cost to implement your project? (including in-kind donations): (Check only one)

- No Cost
- Less than \$500
- \$501 - \$2000
- \$2001 - \$5000
- \$5001 - \$10,000
- \$10,001 or More

Other (please specify)

\* 20. Did the information from the Prevention Summit Youth Track Training help you in developing, planning and/or implementing your project?

- Yes
- No
- N/A
- Other (please specify)

\* 21. Has this team implemented prevention projects in the past? If not, please explain in "Other."

- Yes
- No
- N/A

Other



## 2017 SYF Scholarship Application

### SECTION 2: NARRATIVE

**The committee will score your application according to your responses to the questions and will also include a score for “professionalism and presentation style.” This will be based on your ability to provide answers in a clear and legible format with accurate, concise, complete and descriptive information.**



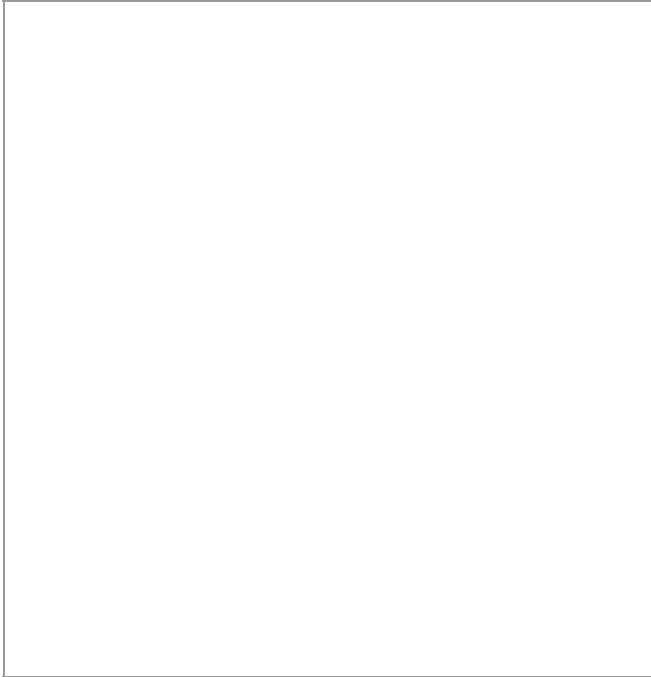
\* 22. Project Description (150 words or less).



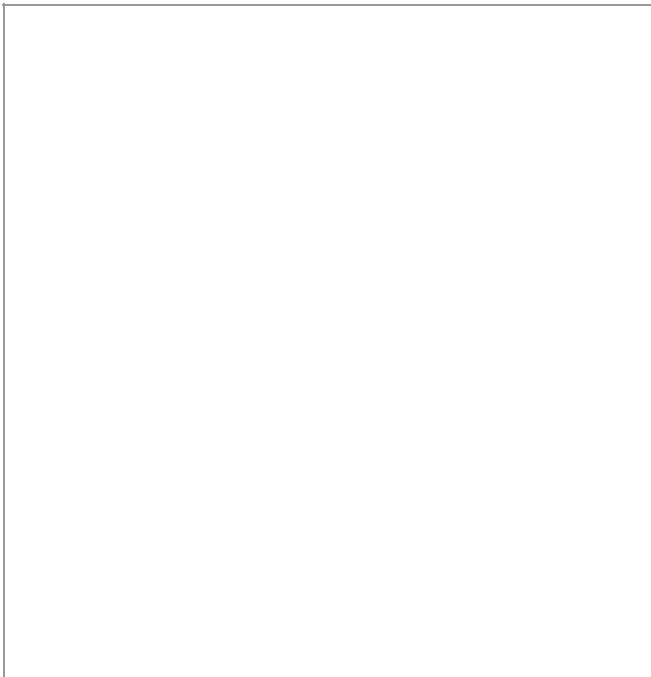
\* 23. Project Goal (100 words or less).



\* 24. Describe how your team project was developed with your community and/or school needs in mind, including time spent in planning stage? (100 words or less)



\* 25. What was your project implementation timeline (from planning through completion)?



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### SECTION 3: THE SPF (Strategic Prevention Framework) CONNECTION

**Please describe how your project meets the following criteria: Innovation, Sustainability, Impact, Collaboration and Partnerships.**

- \* 26. Innovation: How is your prevention project unique, creative, and innovative? (100 words or less)

- \* 27. Sustainability: How did your team build sustainability into your project? Did you build community support, greater implementation capacity, or ensure effective delivery of your program so that it could be repeated or replicated year-to-year, no matter which group of students are participating? (100 words or less)

- \* 28. Impact: How do you know your project made an impact within your targeted audience? (100 words or less)

- \* 29. Collaboration and Partnerships: Explain how your team collaborated or partnered with other local groups/organizations/agencies to meet your prevention goals? (100 words or less)



## 2017 SYF Scholarship Application

THANK YOU!

**Thank you for your interest in the Spring Youth Forum. Only teams with members living in Washington State will be considered for a scholarship. The Review Committee will decide after the posted deadline on the website, and all Notices of Scholarship Awards will be sent out to the Team Adult Advisor.**

**Please prepare your team now! Obtain permission, completed forms, and supplemental funding by your organization or other organizations for travel or event costs in advance. Do not wait until your team is notified by the Forum Committee to determine participants, prepare permission forms and organize your team. Timelines are generally short!**