



Admission Application
HPC Advocacy Institute/Youth Pilot
Developed and Administered by Health Promotion Council
Centre Square East
1500 Market Street

Please fill out all information completely. If a question does not apply to you, write N/A (not applicable).

Return the completed application packet to:
Steven Jackson, Coordinator of Youth Based Initiatives
stevenj@phmc.org
Health Promotion Council
Centre Square East
1500 Market Street
Philadelphia, PA 19102
215-876-5050
Fax: 215-731-6199

Due by 5pm, January 16th, 2015.

Applicants must be Philadelphia residents

PERSONAL INFORMATION			
First Name:	Last Name:	Nickname:	
Address:			
City:		State:	ZIP Code:
Home Phone: ()		Cell Phone: ()	
Email:	DOB: / /	Gender: F M	
What school do you attend?			
What type of school is it? Please circle all that apply.	Public Private Charter Vocational		
What grade are you in? Please circle all that apply.	9 th 10 th 11 th 12 th		
Do you have any previous experience in any of the following? Circle all that apply.	1. Community Organizing 2. Policy Development 3. Community Service 4. Public Speaking		
Are you interested in attending college, vocational, and/or professional school after High school? Circle one.	Yes No Unsure		

PARENT/LEGAL GURDIAN INFORMATION

Name: _____

Relation to Youth: _____

Home Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact Information:

Name: _____

Relation to Youth: _____

Home Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Please answer each question to the best of your ability.

1. Why are you interested in the HPC Advocacy Institute?

2. What do you believe are the best and worst qualities of your community?

3. Briefly list a few important health issues that you feel are important to you.

4. What are your career goals?

5. Do you have access to Transportation?

Yes No Not Sure

6. Are you comfortable traveling around the city on Public Transit?

Yes No Not Sure

7. Are you willing/able to commit to a 12 week Advocacy Certificate program?

Yes No Not Sure

8. Have you ever been to City Hall?

Yes No Not Sure

9. Are you comfortable interacting with the Public?

Yes No Not Sure

10. Are you comfortable interacting with legislators/politicians?

Yes No Not Sure

11. How do you think this program will benefit you in the long term?
