

## 'Be the Change' Youth Training Program Scholarship Competition

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The School-Based Health Alliance has a distinct training program just for youth at the School-Based Health Care Conference, June 30 - July 2, 2024. The 'Be the Change' Youth Training Program is designed to provide an opportunity for youth to connect with like-minded peers from around the country who are passionate leaders of change in their schools and communities. 'Be the Change' participants network with each other and school-based health care advocates at the conference and engage in various workshops pertaining to health, education, policy, and leadership.

There are a limited number of scholarships available for students. Scholarships will cover the cost of two nights of hotel accommodation for the duration of conference (check-in is on Sunday, June 30, and check-out is on Tuesday, July 2). Hotel rooms are double occupancy and for scholarship recipients only.

### Rules

- 1. Applicants must be registered for conference prior to submitting a scholarship application.**
2. Applicants must be nominated by an adult involved with school-based health centers.
3. Applicants must be between 14 to 18 years of age at the time of the conference.
4. Applicants must get the permission of a parent and/or guardian to apply.
5. Applicants must submit their application, essay, transcript, and nominating form to School-Based Health Alliance by **Friday, May 17, 2024.**
6. Scholarship recipients must be able to attend the full conference from June 30 - July 2, 2024.
7. Scholarship recipients must attend all 'Be the Change' workshops at the Conference.

Scholarship decisions will be sent via email **Friday, May 24, 2024.**

If you have any questions regarding the scholarship competition, please e-mail [youthdevelopment@sbh4all.org](mailto:youthdevelopment@sbh4all.org) or call (202) 370-4383.

Visit <https://www.youthhealthhub.org/be-the-change/> for more information about the 'Be the Change' Youth Training Program.

**See pages below for further instructions and application forms.**

**Please return completed forms to [youthdevelopment@sbh4all.org](mailto:youthdevelopment@sbh4all.org)**



## Nomination Form

For the School-Based Health Alliance’s ‘Be the Change’ Youth Training Program, professionals working in the field of school-based health care may nominate up to four students for this opportunity. Nominators should inform the chosen students and direct them to the application site. Once a student has agreed to submit an application, please complete this Nomination Form and submit with the completed application to the School-Based Health Alliance. **Note to nominators/chaperones bringing more than one youth:** An application must be submitted for every youth (up to four) that you would like to be considered for a scholarship. Hotel rooms are double occupancy and for scholarship recipients only.

The School-Based Health Alliance requires that any youth attending the conference be accompanied by an adult who is also attending the conference. The nominator does not have to be the same person as the chaperone, nor is the chaperone required to complete any Youth Program activities. The role of the chaperone is to coordinate travel to and from the conference, accompany the youth to the conference, and be responsible for them during non-conference hours. Please carefully consider this when deciding to nominate a student for this opportunity.

### NOMINATOR SIGNATURE

I, the undersigned, hereby nominate \_\_\_\_\_ to apply for the School-Based Health Alliance’s Youth Program Scholarship Application. I believe that they would be a good candidate for this opportunity and can attest to their commitment to their school community, interest in health and/or education issues, and ability to satisfy the requirements of this scholarship.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Relationship to student)

Will you be attending the School-Based Health Alliance’s annual conference? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, who will act as the student’s chaperone at the conference if they attend? ***(Applies only to applicants under the age of 18)***

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Please return completed forms to [youthdevelopment@sbh4all.org](mailto:youthdevelopment@sbh4all.org)**



**'Be the Change' Youth Training Program Scholarship Application (APPLICANT INFO)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (If applicant is under the age of 18)**

I, the undersigned, give permission for \_\_\_\_\_ (Applicant's name) to apply for the 'Be the Change' Youth Training Program Scholarship Competition. I understand that if they are awarded the scholarship they will need to attend the entire conference in Washington, D.C. from June 30 - July 2, 2024, which may require a financial commitment beyond the School-Based Health Alliance's scholarship funds.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Email)

**See below for essay questions.**

## ESSAY QUESTIONS

Please pick one (1) of the following prompts and create a 350 word essay. Essays can be submitted in text (typed, 12-pt font, double spaced) or audio/video form (3-5 minutes). *Note: If you create an audio or video essay, please submit your recording either as a link to your public media file (e.g., YouTube, SoundCloud, DropBox, OneDrive, Google Drive, etc.).*

- Discuss why it is important for youth to be active leaders in health and education movements.
- Describe how a school-based health center (SBHC) has impacted your life and your community.
- Discuss a health or education issue that you feel is most pressing for youth today, and how you would address that issue using an SBHC.

If submitting an audio/video, please provide the URL here:

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## TRANSCRIPTS

Please submit a copy of your most recent transcript (unofficial versions are acceptable). Grades and GPA will not be taken into account during the selection process; transcripts are only for enrollment verification.

## Travel Information Form

Please complete the following form with information about your ideal to and from Washington, D.C. for the 'Be the Change' Youth Training Program. *We are asking for this information in anticipation of your scholarship acceptance, but please note this is NOT a guarantee.*

Full name (as appears on ID):

Date of birth (MM/DD/YYYY):

### Flight to Washington, D.C. on Sunday, June 30

Airline:

Flight number:

Departure airport:

Departure time:

Arrival time:

### Flight from Washington, D.C. on Tuesday, July 2 or Wednesday, July 3

Airline:

Flight number:

Arrival airport:

Departure time:

Arrival time:

*Please note that if you are flying out on Tuesday, July 2 you will be looking for flights departing after the final conference session. If you are flying out Wednesday, July 3 you will need to book an additional night at the hotel that will not be covered in this scholarship.*