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| Idaho Drug Free Youth (IDFY)  Idaho Youth Summit Scholarship  Application Due Date: Monday, March 18th  Award Notification Date: Monday, April 1st | | | |
| The purpose of the Idaho Drug Free Youth – Idaho Youth Summit scholarship is to support up to five youth who reside within Ada, Boise, Elmore, or Valley Counties, and interested in discovering their values, becoming a great leader, and uniting with other positive young people. During the Idaho Youth Summit, youth will participate in traditional summer camp activities, various workshops, attend influential speaker presentations, and build positive new friendships with other teens from across Idaho. This scholarship provides transportation, 4 days of meals, and a 3-night cabin stay in Coeur d’Alene, Idaho. For more information on the Idaho Youth Summit details visit: <https://idfy.org/iys/>  This scholarship award is a total of $300. The camper will be required to turn in the experience feedback form within one week of camp completion (Due Friday June 21st, 2024). Registration for the Idaho Youth Summit begins Mid-March and ends in May. Dates for the camp are June 11th to 14th, 2024. | | | |
| Participants Name (First, Last) | Age | | |
| Date of Application | | | |
| School Attending | | | |
| School Address | City | | Zip code |
| Email Address | | Participants Phone | |
| In 3-5 sentences, please describe why you are interested in attending the Idaho Drug Free Youth Summit. | | | |
| In 3-5 sentences, please describe how you will utilize what you learn from the Idaho Drug Free Youth Summit in your everyday life. | | | |
| In 3-5 sentences, please describe why you believe leading an alcohol and drug-free life (this includes tobacco products and vaping) is important. | | | |

I acknowledge that the information provided in this application is true and correct. I also understand that any willful dishonesty may render for refusal of this application. If the application is approved, participants will be notified by phone and email no later than April 1st, 2023.

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Applicant Signature Date

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Parent/Guardian Signature Date

Please submit this form by scanning and emailing to: [Kchauvin@cdh.idaho.gov](mailto:Kchauvin@cdh.idaho.gov), or you can mail to:

Central District Health

Attn: Kati Chauvin

707 N Armstrong Pl

Boise, ID 83704

Idaho Drug Free Youth (IDFY) – Idaho Youth Summit

*Experience Feedback Form*

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| Please describe in at least two sentences the three big takeaways or lessons you learned while attending the Idaho Drug Free Youth Summit. |
| In three sentences or more, please describe what you noticed about a leader you met at the Idaho Drug Free Youth Summit. What made them good leaders? |
| What three things did you learn about tobacco and vaping products that you didn’t know before you attended the Idaho Youth Summit? |
| Please describe in at least three sentences how you would prevent your friends from using tobacco or vaping products? |
| Are you interested in attending Idaho Youth Summit next year (June 2025)?    Yes No |