

YOUTH COMMUNITY PERCEPTIONS

APPLICATION



NOTE: INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Name of Community _____ Date _____

Primary Contact/Adult _____

Phone _____ Email _____

Professional Title/Occupation _____

Mailing Address _____

City _____ State _____ Zip Code _____

Sponsoring Organization _____

PLEASE PROVIDE THE INFORMATION REQUESTED

How did you hear about the Youth Community Perceptions program?

Please provide the names of three (3) youth who will be a part of the evaluation:

1. Name _____

Phone _____ Email _____

2. Name _____

Phone _____ Email _____

3. Name _____

Phone _____ Email _____



PLEASE READ AND SIGN THE MEMORANDUM OF AGREEMENT BELOW:

I request _____ (name of community) be considered for the Youth Community Perceptions program.

Once this application is received, I understand a meeting will be scheduled with the community applicant, local K-State Research and Extension, and key stakeholders to discuss participation in the program. This meeting will outline the components and process of the Youth Community Perceptions program and the community's expectations, requirements, and responsibilities that are necessary to ensure desired outcomes are achieved.

I also understand the following components are crucial to the success of the program:

- A well-publicized and well attended community presentation after the Youth Community Perceptions evaluation is completed that is inclusive and representative of all key stakeholders and sectors in the community;
- That a youth led presentation through means decided by youth will be a part of the evaluation process;
- A planning session following the community presentation with task force members responsible for creating an action plan is conducted. The action plan will contain SMART (Specific, Measurable, Attainable, Realistic, and Timely) goals.
- A follow-up meeting is held in 6 months to determine progress on goals.

I hereby submit this application for participation in the Youth Community Perceptions program.

Primary Contact Signature (4-H Leader, Adult or Agent)

Date

I fully support and endorse our community participating in the Youth Community Perceptions program.

I allow permission for the reports to be posted on the K-State Research & Extension Community Development page: Yes _____ No _____

Mayor's Signature (if not the primary contact)

Date

PLEASE RETURN THIS APPLICATION TO

Send a copy of your application to:
Office of Community Vitality
1612 Claffin Rd
101 Umberger Hall
Manhattan, KS 66506
ksrecv@k-state.edu



K-State Research and Extension is an equal opportunity provider and employer.



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Youth Community Perceptions is a collaboration between K-State Research and Extension Community Vitality and Kansas 4-H.