



## Youth Education Program (YEP) Application

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Call sign (if applicable) \_\_\_\_\_

E-mail address: \_\_\_\_\_

School/Club/Organization Name: \_\_\_\_\_

Grade/Age Level: \_\_\_\_\_

School/Club Address: \_\_\_\_\_

\_\_\_\_\_

School District (if applicable): \_\_\_\_\_

Local Cooperating Amateur Radio Club (if applicable): \_\_\_\_\_

Club Contact Person: \_\_\_\_\_ Call sign \_\_\_\_\_

E-mail address: \_\_\_\_\_

List the ways that Amateur Radio will be used in the school/group (i.e., projects, activities, etc.):

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\_\_\_\_\_

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\_\_\_\_\_

*Please return the completed application to Brian Jackson VE6JBJ 218 Sagewood Drive Airdrie, AB T4B 3A7  
or by email to [bjackson@rockyview.ab.ca](mailto:bjackson@rockyview.ab.ca)*

What are the benefits for the students/youth? \_\_\_\_\_

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Evaluation: How will you know if the work in your school/group has achieved its desired outcomes?

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How can the local club help you achieve your goals? \_\_\_\_\_

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The YEP would like your organization to share ideas for projects and/or activities with other YEP participants via the website. Do you agree to share your ideas in this way?

YES \_\_\_\_\_ or NO \_\_\_\_\_ (please insert a checkmark beside Yes or No)

Do you currently have access to or own your own radio equipment? \_\_\_\_\_

Signatures: Teacher/Club Leader \_\_\_\_\_

Local Club Contact \_\_\_\_\_

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