Youth Peace & Cultural Education
TO GHANA, WEST AFRICA
Summer 2027
July 2027, Dates: TBD

_____

First Name **Middle Initial** Last Name

_____

Address **City** **State** **Zip**

_____

Student's Cell Phone **E-mail Address**

_____

School **Grade** **GPA**

Ethnicity _____(optional)

Male ☐ **Female** ☐ **Date & Place of Birth**_____

Do you have any overseas travel experience? No ☐ Yes ☐

If yes, state when _____and

where_____

Future goal/career: _____

********By signing below, you state that the information provided above is correct and complete. Any false information could lead to denial of application or other consequences.*

Signed:_____**Date:**_____

********If under 18 a parent or legal guardian must sign. Parent/Legal Guardian:*

Name: _____**Signed:**_____

Date: _____

Parent's Email_____**Phone#**_____

Complete and submit this application form, with a one-page letter of interest (State your personal/academic background, your reason(s) for applying to the program, and explain how you plan to apply and share your experience from the program), one letter of reference from your teacher, pastor/ organization leader, and **$25 application** fee (non-refundable).

Note: Application fee should be submitted online with your completed application and supporting documentation, By November 15, 2026.