

FOUNDED BY:
GEORGETOWN LAW
CENTER ON POVERTY and INEQUALITY
INITIATIVE ON
**GENDER
JUSTICE &
OPPORTUNITY**



CO-LED BY:
National
Black Women's
Justice Institute

Trauma-Informed Learning Network for Girls of Color Youth Advisory Committee Application

The Youth Advisory Committee guides the work of the Schools for Girls of Color Learning Network. The Learning Network is a group of 1300+ educators across the world who are committed to making schools safe spaces where girls of color can reach their full potential.

All of your responses will be kept confidential and will only be read by the recruitment staff of the Learning Network's Youth Advisory Committee. Your responses will not be shared with any other entity or person.

The purpose of these questions is to learn more about you and ensure that the Youth Advisory Committee is composed of a diverse group that has a broad range of experiences and identities.

Please submit this application by August 31, 2022 by emailing it to lawpovertycenter@georgetown.edu.



CO-LED BY:
National
Black Women's
Justice Institute

If applicant is younger than 18 years old, legal parental/guardian permission is required to fill out this form.

I, Parental/guardian (print name) _____
give permission for (child's name) _____

to fill out the Trauma-Informed Schools Learning Network for Girls of Color
Youth Advisory Committee Application.

Signature of Guardian or Parent: _____

Date: _____

Trauma-Informed Schools Learning Network for Girls of Color
Youth Advisory Committee Application

To be Filled Out by Applicant:

Name: _____

Date: _____

What state do you live in? _____

What city do you live in? _____



All multiple-choice questions in this section are optional.

1. What is your age? _____

2. What is your sexual orientation?

Gay/Lesbian Heterosexual/Straight Bi-sexual Queer Questioning Other _____

3. What best describes your gender identity?

Cisgender female Cisgender male Transgender female Transgender male Non-binary
 Other _____

4. What is your race/ethnicity? (mark all that apply)

African American/Black Asian/API Native/Indigenous Latina(x)
 Mixed-race White

5. What best describes your education background?

Currently in middle school
 Currently in high school
 Did not complete high school
 Graduated high school with diploma or GED
 Graduated high school and taking a “gap year”
 Enrolled and attending college. If so, what year ? _____
 Enrolled in technical training program
 Graduated a 2-year university/college
 Graduated a 4- year university/college graduate
 Enrolled in a graduate school program

6. How did you hear about Trauma-Informed Schools Learning Network for Girls of Color?

Social Media (Twitter, Facebook, Instagram)
 School
 After school program
 Non-profit agency. If so, what agency? _____
 Mentor
 Friend
 Parent/Guardian
 Other- please describe: _____



CO-LED BY:
National
Black Women's
Justice Institute

Responses to the following prompts are required. (200 words or less per question)

1. Why do you want to be on the Learning Network's Youth Advisory Committee and how do you feel you can contribute to the Learning Network?
2. Why is it important to address trauma in schools- specifically for girls of color?
3. What would you change about how schools discipline students?
4. If you could offer advice to a teacher, a principal or a school resource office (SRO) on how to work with girls of color that have experienced trauma, what would you say?
5. Who is an advocate or activist you admire and why?



CO-LED BY:
National
Black Women's
Justice Institute

Sponsor Information

Schools for Girls of Color requires that each Youth Advisor have an adult sponsor. The sponsor will serve on a minimal, as-needed basis as a liaison between the Leadership of the Learning Network and the young person when support is needed to facilitate engagement with an Advisor. The sponsor will not be expected to attend regular meetings. This person can be a teacher, coach, mentor, extracurricular leader, or another trusted adult.

Name of Sponsor:

How do you know this person?

Email:

Phone number:

Permission to Display Your Name and Photo

If selected, would you prefer to remain anonymous in Learning Network materials, or do you grant permission to the Learning Network to include your name on its website and other materials?

Please select all materials you permit us to display:

- Your name**
- Your photo**
- Your city and state**
- I'd prefer to remain anonymous**

I, _____, attest that I give the Learning Network permission to display the information check above