



New Americans Magazine & New American Community Information Center
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Youth Media and Communication Development (YMCD)

K–12 Student Application Form

A Partnership Program of the City of Columbus Department of Neighborhoods, the New American Community Information Center, and New Americans Press.

Program Overview

Youth Media and Communication Development (YMCD) is a collaborative initiative designed to equip K–12 students with real-world skills in writing, reporting, ethics, and media literacy. Through hands-on training and guided mentorship, students become confident communicators, responsible storytellers, and emerging journalists.

STUDENT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: ____ / ____ / _____

Grade Level: _____

School Name: _____

Home Address: _____

City _____ State _____ Zip Code _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

Phone Email Text Message

STUDENT INTERESTS & EXPERIENCE

1. Why are you interested in joining the Youth Media and Communication Development program?
(Students may write or dictate their response.)

2. Which areas are you most excited to explore?

(Check all that apply.)

- Writing & Journalism
- Photography
- Video Production
- Media Literacy
- Podcasting
- Graphic Design
- Community Reporting
- Public Speaking
- Ethics in Media
- Other: _____

3. Do you have any previous experience in writing, media, or creative work?

Yes No

If yes, please describe:

AVAILABILITY

Preferred Session (if applicable):

- After-school program
- Weekend program
- Summer program
- Virtual option
- No preference

Are there any scheduling conflicts we should be aware of?

STUDENT COMMITMENT

YMCD is a hands-on program that encourages active participation, collaboration, and creativity. Students are expected to:

- Attend sessions regularly
- Participate in workshops and assignments
- Follow ethical guidelines in reporting and storytelling
- Respect peers, mentors, and community partners

Student Signature: _____

Date: ____ / ____ / _____

PARENT/GUARDIAN CONSENT

I give permission for my child to participate in the Youth Media and Communication Development program. I understand that the program may involve photography, video, interviews, and publication of student work. I consent to my child's participation in these activities.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____

MEDIA RELEASE (Optional)

I grant permission for my child's image, voice, and creative work to be used for educational, promotional, and program-related purposes.

I do NOT grant permission.

Parent/Guardian Initials: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Alternate Phone: _____

FOR PROGRAM USE ONLY

Application Received On: ____ / ____ / ____

Reviewed By: _____

Accepted: Yes No Waitlist