



**Helping Youth Plan for Excellence**  
**2940 Holmes**  
**Kansas City, Missouri 64109**  
**816 531-4683**  
[www.ccon-kc.org](http://www.ccon-kc.org)

**HYPE Youth Ambassador Application**

Date: \_\_\_\_\_

**Youth Information:**

Name: \_\_\_\_\_

(First)

(Last)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

School attending (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

Talent: \_\_\_\_\_

**Parent/Guardian Information (Primary Contact):**

Name: \_\_\_\_\_

(First)

(Last)

Relationship to Youth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cellular: \_\_\_\_\_

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_