AFRIPEACE & DEVELOPMENT FOUNDATION
P.O. Box 293924, Sacramento CA 95829
www.afripeace.org

8th Youth Peace & Cultural Education in GHANA, WEST AFRICA
July 9-19, 2025

First Name **Last Name** **Middle Initial**

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

Home Phone **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 Email_____Phone#_____