



Application Form
 Community Leadership Institute for Childhood Obesity Prevention
 July 20- 22, 2010 – Boston, MA
 www.childreninbalance.org
childreninbalance@tufts.edu

Timeline and Selection Criteria

- All application materials must be received, by email or post mail, no later than **April 30**
- Selected participants will be notified by **May 14**
- Acceptance of invitation must be received within two weeks of notification
- Tuition payment is due in full by **June 15**
- Participants must have a strong community team in place and demonstrate the opportunity and readiness to use training in future community action.
- Priority will be given to those communities with proof of some seed funding for a childhood obesity prevention coordinator position and initial programming.

I. Background Information

Community Name: _____

Primary Contact Name: _____

Full name of attendees, with the following information **provided individually**:

Attendee #1	
Name	
Agency/Institution	
Mailing Address	
City/State/Zip Code	
Phone Number	
Fax Number	
Email Address	
Preferred communication:	<input type="checkbox"/> email <input type="checkbox"/> phone
Job Title	
Years in position	
Do you have any special needs that we should be aware of? If yes, please explain.	

Please send completed applications by email to Elizabeth.nahar@tufts.edu or by mail to Elizabeth Nahar, 150 Harrison Avenue, Boston, MA 02111

Attendee #2	
Name	
Agency/Institution	
Mailing Address	
City/State/Zip Code	
Phone Number	
Fax Number	
Email Address	
Preferred communication:	<input type="checkbox"/> email <input type="checkbox"/> phone
Job Title	
Years in position	
Do you have any special needs that we should be aware of? If yes, please explain.	

Attendee #3	
Name	
Agency/Institution	
Mailing Address	
City/State/Zip Code	
Phone Number	
Fax Number	
Email Address	
Preferred communication:	<input type="checkbox"/> email <input type="checkbox"/> phone
Job Title	
Years in position	
Do you have any special needs that we should be aware of? If yes, please explain.	

II. Please address the following topics. Please limit your response to a total of three pages.

LEARNING OBJECTIVES: Why do you want to attend the Community Leadership Institute for Childhood Obesity Prevention? What do you plan to do with what you learn at the institute? Who in your community will be supportive of these efforts?

FUNDING/RESOURCES: Are there funds in place to implement coordinated childhood obesity prevention efforts in your community? If so, please describe.

COMMUNITY OVERVIEW: Please briefly describe your community. Include details such as population size, demographics, and location (ie: rural, urban, suburban).

COMMUNITY LEADERSHIP: Please describe the community leadership structure. What is the structure of the municipal government and school system? What priorities has the

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leadership articulated or acted upon over the last three years? What challenges is your community currently facing?

COMMUNITY INITIATIVES: Please provide a specific example of successful work that your community has done regarding physical activity and nutrition issues in the past. Does your community have an established, community-based coalition working on issues of childhood obesity (not necessarily exclusively) that includes a wide range of stakeholders? If so, please describe.

YOUR COMMUNITY TEAM: Has the team of proposed participants worked together in the past? If so, in what context? If not, how did the team decide to attend this institute together?

ADDITIONAL COMMENTS: Is there anything else that you would like us to know about your community?