AFRICAN CANADIAN LEGAL CLINIC



Promoting Justice, Defending Equality, Building Community

Application Form – 2013 Imani Awards

Name of Applicant:	
Address:	
Telephone Number:	
Email:	
Age of applicant as of February 1, 2013:	
If selected, you must be available for an award presentation, February 24 th , 2013.	
Sponsor Information	
If this form is being completed by a sponsor please include the following informa	ation.
Name of Sponsor:	
Title:	
Organization:	
Telephone Number:	
Email:	

Please select which award you will be applying for:		
☐ Imani Award for a youth who has achieved success overcoming Mental Health ☐ Imani Award for a youth who has overcome adversity and achieved educational success ☐ Imani Award for a youth who is no longer negatively involved with the Justice System and is now giving back to his community		
☐ Imani Award for a youth who has successfully navigated through the child welfare system and has overcome the difficulties associated with it		
\square Imani Award for an Elder who has worked tirelessly to improve the lives of African Canadian youth		
☐ Imani Award for community organizations that has been dedicated towards helping and supporting African Canadian youth in overcoming struggles and achieve success		
Please note that if the applicant is short-listed for the award they will be asked for an interview with the selection committee		
Bio detailing why this individual should receive this award:		

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Thank you for your application.

Hard copy submission can be mailed to:
African Canadian Legal Clinic
Youth Justice Education Program
Attention: Youth Award Selection Committee 2467 Eglinton Avenue East Scarborough, ON M1K 2R1

Fax: (416) 261-6014