**Privacy Act Statement**

**Authority:** The collection of this information is authorized under 5 U.S.C. § 301, Departmental regulations which authorizes the operations of an executive agency, including the creation, custodianship, maintenance and distribution of records, and 15 U.S.C. 1512, Powers and duties of Department.

**Purpose:** NOAA is collecting information for the Young Changemakers Fellowship. Interested individuals will provide applications to the program and successful applicants will be asked for additional contact and other information.

**Routine Uses:**  The information collected will be used to determine applicant eligibility and qualifications for the Young Changemakers Fellowship opportunity. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a**)** to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/DEPT-23, Information Collected Electronically in Connection with Department of Commerce Activities, Events, and Programs.

**Disclosure:**  Furnishing this information is voluntary; however, failure to provide some or all of this information may remove the applicant from consideration for this Fellowship opportunity.

**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0690-0038. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to Lauren Gibson at lauren.gibson@noaa.gov.

National Oceanic and Atmospheric Administration (NOAA) Young Changemakers Fellowship

*Application form*

Part 1 - Applicant Information

* Full Name (First, Middle (optional), Last)
* Cell Phone Number (Optional)
* Email address

Part 2 - Free Response

* What sort of ocean or environmental issues do you care about, and why do you care about them? Tell us about a time you demonstrated your passion for these issues, either in big or small ways.
* In 3-5 sentences, tell us why you want to be a Young Changemakers Fellow.
* In 3-5 sentences, tell us about a passion you would bring to this Fellowship.
* In 3-5 sentences, tell us about an academic, extracurricular, or other experience that you want us to know about.
* What are three words you would use to describe yourself?

Part 3 - Availability/Commitment

* If you are chosen to be a part of this Fellowship, will you be able to attend the in-person retreat in Washington, DC, on [DATE OF RETREAT]?
* Can you commit to all of the requirements of this program? [LIST OF PROGRAM REQUIREMENTS]

Part 4: Youth information

* Grade in school
* City and state of residence

Part 5: Parent/guardian consent

* Parent/guardian name
* Parent/guardian email
* Parent/guardian statement of consent:
“I consent for my child to submit this application to NOAA for the Young Changemakers Fellowship.” (Yes/No)

Part 6: Letter of recommendation

Please provide 1 letter of recommendation from an adult (not your parent or legal guardian) who can speak to your interest in and commitment to environment-related issues, as well as your dependability. (Option to upload letter or have recommender email it directly)

* Name of recommender:
* Email of recommender:
* Phone number of recommender:
* Recommender relationship to you:

*Additional information to collect from students who are selected*

* Additional youth information
	+ Preferred name (Optional)
	+ Cell phone #, if applicable
	+ Home, school, or P.O. Box address (for mailing program materials)
	+ Necessary health information
		- Dietary restrictions and/or preferences
		- Allergies
		- Accessibility needs
* Parent / guardian information
	+ Name
	+ Relationship to the student
	+ Email address
	+ Cell phone #, if applicable
	+ Communication preferences
		- Given this fellowship’s focus on youth voice and leadership, we will typically communicate directly with your child via email and/or other web communications. What is your preference on being included in these communications?
			* I am comfortable with you contacting my child directly, and there is no need to copy me on those communications.
			* I am comfortable with you contacting my child directly, and please copy me on those communications unless I specify otherwise
		- We will be adding information on the fellowship to our website and publishing some press releases about it. In those, would you like us to directly name your child as a member of this fellowship? (Please consult with your child on this!)
			* Yes, by first and last name
			* Yes, by first name and last initial
			* Yes, by first name only
			* No
	+ Signed consent forms, including:
		- NOAA Likeness and Profile Form
		- Parent/Guardian permission form for participation in program
* Transportation preferences to get to DC