**<u>League of Woman Voters of New York Youth Survey</u>**
**Engaging Our Youth**

**Name of League_____**
**Contact Person_____**

1. Do you have special programs you bring to schools to engage youth and help them register? If so, please describe.

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2. Do you go to
   a. Local High Schools Yes or No
   b. Colleges Yes or No
   c. Other venues_____

3. What are the one or two larges obstacles you find in reaching out to youth and have you been able to overcome these obstacles?_____
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4. Have you used these programs to identify potential applicants for SIA?
   Yes or No

5. Will you use these programs this year to identify SIA applicants?
   Yes or No

6. Are you planning to send a student to SIA this year?
   Yes or No
   If yes, how many? _____ (1 or 2)

Contact Person for SIA:
Name: _____
Address: _____
Phone Number: _____
E-mail address: _____

Please email completed form to Katrina@lwvny.org or mail to League of Woman Voters of New York, 62 Grand Street, Albany, NY 12207