

Thanks for stopping by!

Below is a preview of our application alongside some tips and notes.

If you're new to Ideawake, you'll need to create and account before you start your application. We recommend using Google Chrome as your web browser.

Team Lead Organization Website *	
Team Lead Organization City *	
Team Lead Organization State or US Territory *	
Select an option for this field	
Team Lead Name *	
Team Lead Job Title *	
Team Lead Email *	
Team Lead Organization Sector * Select all that apply.	
Select all that apply.	

First, provide information about your "team lead." They will be the point of contact for your team's application.

Tell us about the other members of your team.

team members. * *

There's a limit of 5 members per team, including the team lead.

Please answer questions listed below.	Ψ
What is the specific problem or gap your team is hoping	a to focus on during
the 8-month youthink process? Why? *	,
Recommended word count: 200	
	0 / 400
	10
1a. Please summarize your previous answer into a one-sen	stence problem
statement. *	iterice problem
1b. Part of youthink will be identifying community-driven	solutions to address
this problem or gap. That said, do you already have prelim	ninary ideas of what
may help? *	
Recommended word count: 100	
	0 / 200
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2. Who is affected by your chosen problem or gap and wh	
working with them? *	
	nat is your experience
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working with them? * Recommended word count: 200 2a. Please select if your application is focused on any of the populations or topics: * Select all that apply. Select all that apply.	nat is your experience 0 / 400 he following
Recommended word count: 200 2a. Please select if your application is focused on any of the populations or topics: * Select all that apply. Select all that apply. 3. What are your goals for participating in youthink? What joining our September 2025 cohort? *	nat is your experience 0 / 400 he following

■ Use questions 1-3 to tell us about your proposal: Why are you interested in joining youthink? What are you hoping to innovate around?

da. Please share your team's superpower or greatest strength in one phile. Description: Select all identities that apply to your team members: * elect all that apply. Select all that apply. Does your team have prior experience working together? Why have your together for youthink? * elecommended word count: 200 words	-
b. Please select all identities that apply to your team members: * elect all that apply. Select all that apply. Does your team have prior experience working together? Why have your to work together for youthink? *	rase. *
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. Which youthink Guiding Principle(s) resonate most with your team? \	Why? *
uiding Principles: https://www.youthink.health/about-us/	
ecommended word count: 100	
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Have you or any of your team members participated in any innovatio	n
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rograms like youthink (e.g. incubators, accelerators)? * o wrong answers! Select an option for this field Have you or any of your team members ever received funding from tepartment of Health and Human Services' Office of Population Affairs	the U.S.
. Have you or any of your team members participated in any innovation rograms like youthink (e.g. incubators, accelerators)? * lo wrong answers! Select an option for this field Have you or any of your team members ever received funding from the pepartment of Health and Human Services' Office of Population Affairs to wrong answers! Select an option for this field.	the U.S.

Use questions 4-8 to tell us more information about your team.

Part 3: Agreements and Supporting Information Please answer questions listed below.		Finally, provide some administrative details
Please answer questions listed below.	Ŧ	in questions 9-14.
9. youthink requires weekly meetings, monthly trainings, 2 in-p	erson events,	
and independent work time with your team. Can each team med about 20 hours per month on average to participate in youthink		
Select an option for this field	*	
10. Do you have your organization's support to participate in yo	outhink?	
Leadership approval is required for participation. *		
Select an option for this field.		
Select an option for this field.	*	
11. Can the team lead's organization receive funds from youthin	nk on behalf of	
your team? If not, do you have a fiscal sponsor who can? *		
Select an option for this field.	*	
12. Do you anticipate that your work in youthink will require Inst Review Board (IRB) approval? * Don't worry if you're not sure what this is!	stitutional	
Select an option for this field	*	
12a. Please describe. * Recommended word count: 200	0 / 400	
	1.	Attachments are an
14. How did you hear about youthink? *		optional space for an
Select all that apply		additional materials
Select all that apply	*	you'd like us to
Attachments		consider - Let your
Add Files, Images, or Video	-	creativity shine!

For additional support, join us for our:

- Informational Webinar: April 1, 2025, noon 1:00 p.m. PT (Zoom Registration Link)
- Application Office Hours:
 - o April 10, 2025, 1:00 p.m. 2:00 p.m. PT (Zoom Registration Link)
 - o April 18, 2025, 9:00 a.m. 10:00 a.m. PT (Zoom Registration Link)
 - o April 22, 2025, noon 1:00 p.m. PT (Zoom Registration Link)

Questions? Email us: youthink@chla.usc.edu