

2026 Application

Thank you for your interest in joining the Community Leaders Fellowship!
Applications for this cycle are due February 6, 2026.

If you need assistance or accommodations to complete this form, please contact Karen Green at 860.314.2226 or ctagewell@ctcommunitycare.org.

Please mail your completed application to:

Connecticut Age Well Collaborative | 43 Enterprise Drive | Bristol, CT 06010

ELIGIBILITY

Current resident in a participating municipality (Avon, Manchester, or Wethersfield).

Older adult (60 years or older) and/or have a disability.

Available to attend all required gatherings.

COMPENSATION

Fellows will be compensated \$500 for their participation, paid in installments over the course of the fellowship. A completed W9 on file is required by our accounting office if selected. Individuals earning less than \$600 are not issued a 1099.

REQUIRED GATHERINGS

- ★ **Applicant Meeting** (choose one)
February 17, 10:00am – 11:00am
February 19, 12:00pm – 1:00pm

Kick-off Workshop

March 23 – 24, 9:00am – 4:30pm

Project Design Workshop

May 12, 9:00am – 4:30pm

Project Implementation Workshop

June 9, 9:00am – 4:30pm

- ★ **Project Check-in Calls**

July 14, August 11, September 1

Fellowship Summit

September 15, 1:30pm – 4:30pm

Wellspring Awards

September 15, 5:00pm – 6:30pm

Starred events are virtual. All others are in-person, to be held in accessible locations with free parking in the Greater Hartford area.

PERSONAL INFORMATION

Please fill out this application completely. **All questions are required.**

Full Name

Address

Email Address

Phone Number

Birthday (MM/DD/YYYY)

Do you require ADA accomodations? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> None needed | <input type="checkbox"/> Large print |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Wheelchair Access |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Use a service dog |
| <input type="checkbox"/> Assistive listening device | <input type="checkbox"/> CART |
| <input type="checkbox"/> Captioning | <input type="checkbox"/> Use a personal care assistant |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Other _____ |

Please confirm the following:

- Yes, I reside in Avon, Manchester, or Wethersfield.
- Yes, I am an older adult (60 years or older) and/or have a disability.
- Yes, I am available to attend all of the required workshops.
- Yes, I understand this is a compensated opportunity.

DEMOGRAPHIC INFORMATION

Demographic data helps the Connecticut Age Well Collaborative recruit diverse participation and understand who will be participating in the workshop.

What is your gender?

- | | |
|---|--|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Non-Binary/Non-Conforming |
| <input type="checkbox"/> Man | <input type="checkbox"/> I prefer to self-describe |

What is your race?

- | | |
|--|--|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic/Latino/a/x | <input type="checkbox"/> Multi-Racial |

Are you a person with a disability?

- | | |
|---|------------------------------|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Not sure | <input type="checkbox"/> No |

Do you identify as a member of the LGBTQIA++ community?

- | | |
|---|------------------------------|
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Not sure | <input type="checkbox"/> No |

Please share any other identities which are meaningful to you.
