

YOUTH EMPOWERMENT PROGRAM (YEP)



COMPLETE AND SUBMIT YOUR APPLICATION:

PRINT CLEARLY IN BLUE OR BLACK INK AND SIGN YOUR APPLICATION.

GENERAL INFORMATION

STUDENT APPLICATION FORM

What is your Gender Male Female Which grade are you in currently? 9 10 11 12

Are you a New or Returning Student . Your past District? _____

STUDENT INFORMATION

First Name

Middle Name

Last Name

Date of Birth

Home Address

P.O. Box

Home Phone Number

Mobile Phone Number

Alternate Phone Number

Ext.

E-mail Address

School Name

G.P.A.

PARENTS OR LEGAL GUARDIANS AND EMERGENCY CONTACT INFORMATION

First Name

M. Last Name

Relationship

Employment and/or Occupation

Home Phone Number

Mobile Phone Number

Work Phone Number

Ext.

E-mail Address

First Name

M. Last Name

Relationship

Employment and/or Occupation

Home Phone Number

Mobile Phone Number

Work Phone Number

Ext.

E-mail Address

ASSIGNMENT INFORMATION

Are you involved with any other after school program (Church, Community, Sport, and School)? Yes No
 Please list and state days: _____

Briefly explain your career objectives?

Select a meeting day, time and location that is most convenient for your schedule.

Option 1: Select a day, time and location.

OPTIONS 1		
Days	Time	Location
<input type="radio"/> Mon.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> North
<input type="radio"/> Tues.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> East
<input type="radio"/> Wed.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> West
<input type="radio"/> Thurs.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> South

Option 2: Select a day, time and location.

OPTIONS 2		
Days	Time	Location
<input type="radio"/> Mon.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> North
<input type="radio"/> Tues.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> East
<input type="radio"/> Wed.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> West
<input type="radio"/> Thurs.	<input type="radio"/> 5:30 – 7:30	<input type="radio"/> South

Application Waiver: By signing and submitting this application you agree that the information provided is true and correct; and you also agree to work cooperatively, and abide by the Rules and Regulations of Youth Empowerment Program.

_____ Student Signature

_____ Date

_____ Parent or Guardian Signature

_____ Date

Application Processing Fee \$10.00
 New & Returning Students.

FOR OFFICIAL USE ONLY

Member No. Application Date

Application Status: Approved Not Approved Database Paid: Receipt No.

Assigned District

District Manager

Approved Signature: _____

Transfer Approval Signature: _____