



## Department of Economic and Workforce Development YOUTH APPLICATION

<b>High School:</b>			
<b>General Information</b>			
<b>Legal First Name:</b>		<b>MI:</b>	<b>Last Name:</b>
<b>Address:</b>		<b>Apt. #</b>	
<b>City:</b>	<b>State:</b> MD	<b>Zip code:</b>	<input type="checkbox"/> Baltimore County <input type="checkbox"/> Baltimore City
<b>Social Security Number:</b>		<b>Email:</b>	
<b>Phone Number:</b>	<b>Home:</b>	<b>Cell:</b>	
<b>Secondary Contact:</b>	<b>Name:</b>		<b>Relation:</b>
	<b>Phone Number:</b>		

<b>Demographic Information</b>			
<b>Date of Birth:</b>	<b>Age:</b>	<b>Gender Identity:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Disclosed
<b>Race/Ethnicity</b>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan/Native <input type="checkbox"/> Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other
<b>Family Size</b> _____	<b>Are you pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you parenting?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you receiving:</b> <small>(Check what applies)</small>	<input type="checkbox"/> TANF (Public Assistance) <input type="checkbox"/> SSDI (Social Security Disability Income)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Child Support	<input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> Refugee Cash Assistance
<b>Do you have a documented disability:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you a U.S. citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no, are you authorized to work in the U.S.?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you registered with Selective Services?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> I'm not sure	
<b>Are you a youth in/or aged out of foster care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you an Ex-Offender?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you Homeless?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a Runaway?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Displaced Home maker?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employment/Education</b>			
<b>Employment Status:</b>	<input type="checkbox"/> Working full time <small>(30 or more hours)</small>	<input type="checkbox"/> Working part time <small>(Less than 30 hours)</small>	<input type="checkbox"/> Unemployed <input type="checkbox"/> Never worked <small>(check yes or no below)</small>
<b>If unemployed, are you receiving unemployment compensation?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you in school?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, current grade: _____	
<b>Do you have a HS Diploma/GED?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No    If no, highest grade completed: _____	
<b>Are you currently in college, a training program or other program?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, which one:</b>		<b>Do you receive PELL?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you an English Language Learner? (ESOL)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

I consent to participate in the In-School-Youth Career and Technical Education Program and provide the needed documentation for participation.

<b>Applicant Signature</b>	<b>Date</b>
<b>Parent/Guardian Signature (if under 18)</b>	<b>Date</b>
<b>Staff Signature</b>	<b>Date</b>