

In-School: _____
Out-of-School: _____

YOUTH PROGRAM APPLICATION

Social Security Number _____ Application Date _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City/Town _____ State _____ Zip Code _____

Home Phone Number _____ Washington Greene County _____ Date of Birth _____ Gender Male Female Does Not Self Identify

Youth E-Mail _____ Youth Cell Phone Number _____ Alternate Phone Number _____

Parent or Guardian Name/E-mail Address _____

Are you registered for Selective Service? (Males age 18 or older) YES NO Not Applicable

Citizenship:

____ US Citizen
____ Non-Citizen

Race (check all that apply):

____ White _____ American Indian
____ Black _____ Asian

Ethnic Group:

____ Hispanic or Latino
____ Not Hispanic or Not Latino

EDUCATION INFORMATION (Choose one of the following)

- Currently in High School _____
Name of High School _____ Highest Grade Completed _____
- High School Graduate
- High School Equivalency / GED
- High School Dropout _____
Drop-out Date _____ Highest Grade Completed _____
- Post High School Attendee _____
Name of Post HS _____

Are you Disabled or Learning Disabled? (Including documented counseling, physical limitations)

- YES – Disabled if YES, Will you need accommodations NO YES _____
- YES – Disabled, have an IEP/504 Plan
- NOT Disabled

Are you an English language learner? YES NO

Are you an offender on Adult or Juvenile probation? YES NO Do you have incarcerated parent (s) YES NO

Are you homeless? YES NO Are you a runaway? YES NO

Are you in Foster Care or Aged out of Foster Care? YES NO Are you a pregnant or parenting youth? YES NO

Information for the APPLICANT (YOUTH) ONLY

Does the applicant (youth) receive benefits from the County Assistance Office? YES _____ NO _____

Does the applicant (youth) receive a monthly Cash amount? YES _____ NO _____

Does the applicant (youth) receive food stamps (SNAP)? YES _____ NO _____

Is the applicant (youth) receiving SSI? YES _____ NO _____

Is the applicant (youth) currently working? YES _____ NO _____

If yes, where is he/she working? _____

If no, was the applicant (youth) working within the last 30 days? YES _____ NO _____

List the gross amounts of the paychecks that the applicant (youth) received **in the last 30 days** before the date of application.

Pay Dates in the last 30 days before application date	Gross Amount of Check

Is the applicant (youth) married? YES _____ NO _____

Does the applicant (youth) have any children? YES _____ NO _____

I certify that the information is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification (including wage records & unemployment compensation information), and that I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

****APPLICANTS UNDER THE AGE OF 18 MUST HAVE A PARENT OR GUARDIAN SIGNATURE****

Signature of Applicant (Youth)

Date

Signature of Parent / Guardian

Date

Please mail completed application to:

Southwest Training Services Inc.
90 West Chestnut Street Suite 150LL
Washington, PA 15301