



Summer Youth Employment Program

Applications are due at 4:00 pm, Wednesday, June 15, 2016.

Applications may be emailed, mailed or hand delivery to:

Winston-Salem Urban League
201 West 5th St.
Winston-Salem, NC 2710
or
syep@wsurban.org

Please use this check list to make sure that your application is complete. Incomplete applications will not be considered. Applications must be submitted by on Wednesday, June 15, 2016 at 4:00 pm.

<input type="checkbox"/>	Attach a copy of your current photo identification or birth certificate (do not send originals).
<input type="checkbox"/>	Attach a copy of your signed social security card (do not send originals).
<input type="checkbox"/>	Attach a copy of your 2015 federal tax returns for all family members.
<input type="checkbox"/>	Attach your most recent report card from the current school year.
<input type="checkbox"/>	Attach two letters of recommendation in sealed envelopes.
<input type="checkbox"/>	Sign and date this application. If you are under the age of 18, please have your parent or guardian to sign the disclaimer and signature portion of this application.

For Office Use Only:

Date Received: _____
Time Received: _____
Received By Whom: _____

2016

Winston-Salem Urban League

Summer Youth Employment Program Application

Applicant Information					
Full Name:					
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Parent/Guardian Name					
Address:					
	<i>Street Address</i>	<i>Apartment/Unit #</i>			
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Phone:		Secondary #:			
Age:		Date of Birth:	Social Security No.:		
Email:					
Facebook:					
Twitter:					
Instagram:					
Snapchat:					
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever been convicted of a felony?	YES	NO			
If yes, describe:					

Education

High School:		Address:	
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From:	To:	Did you graduate?	YES	NO	Highest grade completed	
College/University						
From	To					

Parent/Guardian Information

Parent/ Guardian Name:					
Parent Address:		City	State	Zip	
Parent Email Address:					
Home Phone:		Work Phone:			
Emergency Contact Name:					
Home Phone:		Work Phone:			

Additional Information

List all Medications Taken by the Student

Name of Medication	Frequency

List all persons authorized to pick up or transport the student to and/or from Urban League sponsored events and weekly training sessions. These persons must show identification upon pick up.

Name of Individual	Relationship

Please check any of the following that apply to you. If none apply, please move forward to complete the next section.

<input type="checkbox"/> Current Medicaid Client	<input type="checkbox"/> Previous Medicaid Client	<input type="checkbox"/> Free or Reduced Lunch
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> Supplemental Benefits from DSS
<input type="checkbox"/> Section 8 Recipient		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Potential Employer Information

Please let us know your top 3 choices for placement in the Summer Youth Employment Program.

	Choice 1	Choice 2	Choice 3
Retail			
Summer camp/child care			
Food service			
Parks/recreation			
Clerical			
Maintenance			
Other/please list			

Please choose a corresponding track that you are most interested to learn about. Check only one.

Entrepreneurship	<input type="checkbox"/>
Digital Inclusion	<input type="checkbox"/>
Workforce Development	<input type="checkbox"/>
STEM (Science, Technology, Engineering and Math)	<input type="checkbox"/>

Complete the following Questionnaire.

List all household members

Name	Relationship to Student	Age	Grade	School or Place of Employment of Household Members (if applicable)

Financial Support: (Parents, check all that apply to you)

- Employment Unemployment Benefits
 Food Stamps Social Security Disability
 Other (Specify) _____

Access to Transportation: (Check One)

- Have Transportation Does Not Have Transportation Access to Transportation
 Has No Access to Transportation

Employment Status of the First Parent/Guardian:

- Full-Time Part-Time Not Employed Other: _____

Employment Status of the Second Parent/Guardian:

- Full-Time Part-Time Not Employed Other: _____

Marital Status of Parents (s):

- Married Single Separated Widowed Other: _____

What are the Parent/Guardian's educational/career goals for the participant? (Check one)

- High School Diploma College (B.S, B.A, etc.) Technical School Professional Degree Military
 Work Other: _____

What are the student's education/career goals? (Check one)

- High School Diploma College (B.S, B.A, etc.) Technical School Professional Degree Military
 Work Other: _____

Check all career and educational attainment that apply to either or both parents/guardians?

- High School Diploma College (B.S, B.A, etc.) Technical School Professional Degree Military
 Work Other: _____

Personal Statement

Please write a personal statement (4-5 paragraphs) responding to the following questions on a separate sheet of paper. This is required to complete the Summer Youth Employment Application.

1. What are your career goals?
2. What career paths are you interested in pursuing or learning more about?
3. Why do you want to work this summer?
4. Why do you feel you would be a benefit to the Youth Leadership Institute? (What can you bring to the table)
5. What do you wish to learn through your summer job experience?

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

References

Students must submit two reference letters. This is required to complete the Summer Youth Employment Application. Reference letters must be submitted with the completed application in sealed envelopes.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
Applicant			
Parent/ Guardian if applicant under age 18			

I certify that my student (with my assistance) has completed this application in its entirety and has my permission to participate in the

Winston-Salem Urban League's Summer Youth Employment Program inclusive of:

- I give permission for my student to go on field trips. I release the Winston-Salem Urban League from liability in case of accident during activities related to any Winston-Salem Urban League program that my child participates in.
- I give permission to the Winston-Salem Urban League to receive my student's records from the Winston-Salem/Forsyth County School District.
- I give permission to the Winston-Salem Urban League to seek medical services for my student in case of an accident or medical emergency.
- I give permission to the Winston-Salem Urban League to photograph or video my student and use his/her image in publications/media outlets to promote the Winston-Salem Urban League.
- I give permission for my student to use the World Wide Web during while participating in Winston-Salem Urban League programs and activities.

Signature of Parent/ Guardian:		Date:	
Printed Name of Parent/ Guardian:			

For Office Use Only:	
Comments: _____	

Recommended Action:	

Student Scoring:	Interview _____ Recent Report Card- _____ References _____ Personal Statement _____ Completed Application _____ Total Score _____