



Department of Economic and Workforce Development YOUTH APPLICATION

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

Demographic Information			
Date of Birth:	Age:	Gender Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Disclosed
Race/Ethnicity	<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
Family Size _____	Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving: <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
Do you have a documented disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered with Selective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> I'm not sure			
Are you a youth in/or aged out of foster care?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Ex-Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Runaway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Displaced Home maker?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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