

3. Emergency Contact Information

In case of an emergency (medical or disciplinary), please contact:

Name _____

Daytime Phone _____ Relationship to Applicant _____

4. Education Information

- a. What is your high school graduation status? High school diploma GED Did not graduate
- i. If you are **not** a high school graduate, what was the last grade you **attended**? _____
- b. Are you currently enrolled in college? Yes No
- i. If **yes**, which college? _____

5. Income and Other Eligibility Information

There are several funding sources for the Summer Youth Employment and Learning Program. Each source has different eligibility requirements. Please answer the following questions to help us determine which funding you qualify for.

- a. Are you currently employed? Yes No
- b. Do you or someone in your household currently receive food stamps? Yes No
- c. Do you or someone in your household currently receive cash assistance? Yes No
- d. Are you currently in foster care? Yes No
- e. Do you have a documented disability? Yes No
- f. Are you currently homeless? Yes No
- g. Are you currently pregnant or a custodial parent? Yes No
- h. Have you ever been involved with the justice system? Yes No
- i. If you are male and 18 years old, have you registered for selective service? Yes No N/A

6. Household Information

List **all** the people in your household (column A) and their relationship to you (column B). Then, **for each person in the household**, complete the gross income (column C) and frequency of income (column D). If you need more space, attach an additional page.

(A) Name (List everyone in the household)	(B) Relationship to Applicant	(C) Gross Income	(D) Frequency of Gross Income (ex: weekly, every 2 weeks, twice a month, monthly, annually)	Check if NO income
	Self			

7. Release Form

PLEASE READ CAREFULLY BEFORE SIGNING!

By signing this information and release form, you are attesting to the following:

I understand and authorize the release of application information to Capital Workforce Partners and Partner Agencies for regulatory and internal processes associated with employment, payroll and funding. I understand that Capital Workforce Partners uses Hartford Connects and/or CTWBS, both online database systems, to collect personal information and track services related to me. I understand that all information required for this application is confidential and will be used solely to determine program eligibility.

I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) of fact(s) I will be subject to disqualification or dismissal from the program and to such other penalties as may be prescribed by law or regulations. I also understand that any and all of the information provided by me may be verified and I allow the release of the information by Capital Workforce Partners for verification purposes.

I understand that the application must be submitted with the required forms and copies of supporting documentation. I understand that space is limited in the program and that submitting an incomplete application will significantly decrease my chance of securing a spot in the program.

I understand that it is my responsibility to notify Capital Workforce Partners if my telephone number or mailing address changes. I understand that I can update this information by calling (860) 899-3499 or by emailing SYELP@capitalworkforce.org. I understand that if Capital Workforce Partners or Partner Agencies cannot reach me with the contact information on file, I will lose my spot in the program.

I understand that completion of the application does not guarantee a spot in the program.

_____ Applicant Name	_____ Applicant Signature	_____ Date
_____ Parent/Guardian Name (if applicant is under 18)	_____ Parent/Guardian Signature (if applicant is under 18)	_____ Date

Completed applications must be mailed to Dennis Mink by June 15, 2010.

Capital Workforce Partners
One Union Place
Hartford, CT 06103
(860) 899-3499