



## 2020 - 2021 Youth Work Experience Program



40 W. 28th St. Tucson, Arizona 85713  
 (520) 624-8629 Fax (520) 623-5754

Name (Print Name)		Social Security Number	Phone	2nd Phone
Date of Birth	Age	Race (Check One)		
Residence Street Address		<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Other	Zip	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of parent/guardian (Relationship)		Does Household Receive: (Check if Applicable)		
Household Income (Check One)		<input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance		
<input type="checkbox"/> Under \$21,247 <input type="checkbox"/> \$21,248 to \$26,230 <input type="checkbox"/> \$26,231 to \$30,951 <input type="checkbox"/> \$30,952 to \$36,201 <input type="checkbox"/> Over \$36,202		Current Grade: _____	School Presently Attending: _____	
<input type="checkbox"/> Current Student (H.S.) <input type="checkbox"/> Current Student (Post H.S.) <input type="checkbox"/> Dropout <input type="checkbox"/> High School Graduate/GED Recipient		Are you enrolled in Special Education? Do you have an I.E.P.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Are you receiving a high school diploma by the end of June 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever participated in one of our program/s before? (Summer or After School) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, program and year/s: _____		Signature: _____	Date: _____	
		Parent's Signature: _____	Date: _____	