

YOUTH EMPOWERMENT PROGRAM (YEP)



COMPLETE AND SUBMIT YOUR APPLICATION:
 PRINT CLEARLY IN BLUE OR BLACK INK AND SIGN YOUR APPLICATION.

GENERAL INFORMATION

STUDENT APPLICATION FORM

What is your Gender Male Female Which grade are you in currently? 9 10 11 12

Are you a New or Returning Student. Your past District? _____

STUDENT INFORMATION

First Name	Middle Name	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	P.O. Box
<input type="text"/>	<input type="text"/>

Home Phone Number	Mobile Phone Number	Alternate Phone Number	Ext.
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(

E-mail Address

School Name	G.P.A.
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

PARENTS OR LEGAL GUARDIANS AND EMERGENCY CONTACT INFORMATION

First Name	M.	Last Name	Relationship
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Employment and/or Occupation

Home Phone Number	Mobile Phone Number	Work Phone Number	Ext.
(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

E-mail Address

	M.	Last Name	Relationship
First Name	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Application Waiver: By signing and submitting this application you agree that the information provided is true and correct; and you also agree to work cooperatively, and abide by the Rules and Regulations of Youth Empowerment Program.

Student Signature

Date

Parent or Guardian Signature

Date

Application Processing Fee \$50.00 New
& Returning Students.

FOR OFFICIAL USE ONLY

Member No.

Application Date

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Application Status: Approved Not Approved Database Paid: Receipt No.

Assigned District

District Manager

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Approved Signature: _____

Transfer

Approval Signature: _____

Revised 9/1/15