

# Summer Youth Intern Program

## COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE A POSITION

YOU MUST BE AT LEAST 16 YEARS OLD AND NOT OLDER THAN 21 YEARS OF AGE, AS OF JUNE 1<sup>st</sup>.

THE TOTAL ANNUAL HOUSEHOLD INCOME WILL BE USED TO DETERMINE ELIGIBILITY.

**INCOMPLETE APPLICATIONS WILL BE DISCARDED. NO PHOTOCOPIES WILL BE ACCEPTED.**

**PLEASE PRINT IN INK:**

NAME \_\_\_\_\_ SSN (ENTIRE NUMBER) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

APPLICANT PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
EMERGENCY/OTHER PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ ~~MALE~~ ~~FEMALE~~

DO YOU HAVE A DRIVER'S LICENSE, LEARNER PERMIT, OR STATE I.D.? YES NO (MANDATORY REQUIREMENT)

DO YOU HAVE A BANK ACCOUNT? YES NO (MANDATORY FOR DIRECT DEPOSIT)

ARE YOU IN HIGH SCHOOL OR COLLEGE? YES NO IF NO, HIGHEST GRADE COMPLETED? \_\_\_\_\_

IF YES, NAME OF SCHOOL OR COLLEGE \_\_\_\_\_ CREDITS \_\_\_\_\_ MAJOR \_\_\_\_\_

PLEASE SELECT EDUCATIONAL CERTIFICATION RECEIVED: MICROSOFT \_\_\_\_\_ INTERNET \_\_\_\_\_ CAD/CAT \_\_\_\_\_

HIGH SCHOOL DIPLOMA  SPECIAL DIPLOMA  CERT. OF COMPLETION  GED  NONE

WHERE OR WHAT TYPE OF JOBS ARE YOU INTERESTED IN? 1. \_\_\_\_\_ 2. \_\_\_\_\_

RACE (Please select one):

WHITE/CAUCASIAN  BLACK/AFRICAN AMERICAN  HISPANIC/NON-WHITE  
 NATIVE AMERICAN  ASIAN AMERICAN  OTHER \_\_\_\_\_

ETHNICITY (Please select one): PUERTO RICAN MEXICAN CUBAN OTHER HISPANIC  
HAITIAN NONE OF THE ABOVE

THE FOLLOWING INFORMATION WILL HELP US DETERMINE YOUR ELIGIBILITY FOR THE SUMMER PROGRAM:

- |  |       |    |
|--|-------|----|
| 1. HAVE YOU EVER HAD A JOB?  | Yes   | No |
| 2. HAVE YOU EVER BEEN <b>ARRESTED/PENDING CHARGES?</b> (Background checks mandatory)                           | Yes   | No |
| 3. IS YOUR HOUSEHOLD CURRENTLY RECEIVING FOOD STAMP ASSISTANCE?  | Yes   | No |
| 4. IS ANYONE IN THE HOUSEHOLD RECEIVING SUPPLEMENTAL SECURITY INCOME (SSI)?                                    | Yes   | No |
| 5. DOES THE HOUSEHOLD RECEIVE FEDERAL/STATE CASH ASSISTANCE? (Proof Required)                                  | Yes   | No |
| (i.e., WIA, TANF, WELFARE TRANSITION, WELFARE TO WORK)   |       |    |
| 6. ARE YOU RESIDING IN A FACILITY FOR DEPENDENT YOUTH (FOSTER CARE, ETC.)?                                     | Yes   | No |
| 7. IS THE ADDRESS LISTED ABOVE YOUR PERMANENT RESIDENCE?   | Yes   | No |
| 8. HOW MANY MEMBERS ARE IN YOUR HOUSEHOLD?   | _____ |    |
| 9. WHAT IS THE TOTAL <b>ANNUAL</b> HOUSEHOLD INCOME? (Proof must be provided for everyone in the household) \$ | _____ |    |

RELEASE OF INFORMATION

I hereby authorize representatives of the Summer Youth Intern Program to obtain information concerning my household's WIA, TANF, Food Stamp, or Social Security information for the purposes of determining eligibility. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN NAME PRINTED \_\_\_\_\_  
(IF APPLICANT IS UNDER 18 YEARS OF AGE) (RELATIONSHIP TO APPLICANT)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SAVE THE COMPLETED APPLICATION AS A PDF AND EMAIL TO [ANITA.SMITH@BOLEYCENTERS.ORG](mailto:ANITA.SMITH@BOLEYCENTERS.ORG)**

**IF SELECTED, YOU WILL BE CONTACTED BY MAIL OR TELEPHONE FOR AN INTAKE INTERVIEW.**

**CALL (727) 821-4819 EXT 5232 FOR ADDITIONAL INFORMATION**