## **YouthWorks 2024-25 Student Application**

Submit in Fall/Winter Junior Year



## Please write neatly. All fields must be completed.

First Name	ame Middle Name	
Last Name		
Permanent Address		
City	State	ZIP
Primary Phone		
Mobile Phone		
Home Phone Number		
School Email Address		
Personal Email Address		
In Case we need to contact yo	ou this summer, what's the be	st way to reach you? (Circle one)
Email		
Primary Phone		
Mobile Phone		
Other		
Your Date of Birth		
Gender (Circle one)		
Male		
Female		
Prefer to self-describe		
Prefer to not answer		
What pronouns do you use? (	Circle one)	
He/him		

She/he	er
Prefer	to self-describe
Prefer	not to answer
Which of the	following best describes you? (Circle one)
Americ	an Indian or Alaska Native
Asian	
Black o	or African American
Hispan	ic, Latinx, or Spanish Origin
Middle	Eastern or North African
Native	Hawaiian or Pacific Islander
White	
Somet	hing not listed above
Multiple	e Races
Prefer	not to answer
Do you require any accommodations to complete school work? (Circle one)	
Yes	
No	
Prefer	not to answer
If you enroll ir	college, would you be the first person in your family to do so? (Circle one)
Yes	
No	
Not Su	re
Do you contri	bute financially to support your family at home? Yes / No (Circle one)
Does your far	nily receive any of the following? (Please confirm with your parent/guardian)

	Supplemental Nutrition Assistance Program (SNAP)		
	Free/Reduced Lunch		
	Temporary Assistance for Needy Families (TANF)		
	Rent subsidies (Public housing, Section 8, etc.)		
	Medicaid		
	Energy Assistance		
	Social Security or Supplemental Income (Disability assistance)		
	I'm not sure		
	Other		
How di	id you first hear about YouthWorks? (Circle one)		
	Teacher/counselor		
	Project IOWA YouthWorks staff/presentation		
	Flier		
	Friend/classmate		
	Other		
Do you have a valid driver's license? Yes / No (Circle one)			
Do you drive to school? Yes / No (Circle one)			
Emergency Contact #1:			
First N	ame Last Name		
Relatio	onship to you		
Phone	Phone Type		
Email _			
Is your parent/guardian the best person to contact in case of an emergency? Yes / No			
Emergency Contact #2:			
First N	ame Last Name		

Relationship to you			
Phone	Phone Type		
Email			
Expected Graduation Year	Your current GPA		
Name your top 2-3 favorite classes and explain why you like them.			
What industries/careers/jobs interest yo	ou and why?		
Guidance Counselor Name		_	
Guidance Counselor Email		_	

How many days were you absent from school this academic year? (Circle one)

4-9		
10-15		
16 or more		
Consistent attendance is crucial to succe space:	ess in YouthWorks. Please explain absences in this	
•	ool activities are you involved in? Please provide the and specify the months. (ex., wrestling practice from	
Have you ever had a paying job or payin  Are you currently working? Yes / No (Cire		
Name of current employer	Average hours per week	
What does your typical work schedule look like throughout the week?		

0-3

Please explain your interest in the YouthWorks program and why you think you would be a strong candidate. (Use this space to tell about yourself and who you are as a person!)


Thank you for your application! Please submit this document to Chris Noth, YouthWorks Director at <a href="mailto:christopher.noth@dmschools.org">christopher.noth@dmschools.org</a> or on Teams. Then, inform your counselor and ask them to complete the counselor form at projectiowa.org/youthworks