



**Applicant Information**

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last First M.I.

Gender: Male  Female  I do not wish to disclose  Age: \_\_\_\_\_

If male, 18 years of age or older, are you registered for Selective Service? YES  NO

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Parish City State ZIP Code

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Are you currently in school? YES  NO  What is your current grade level? \_\_\_\_\_

Did you earn a High School Diploma? YES  NO  If not, would you like information on how to? YES  NO  N/A

Does anyone in your household receive (check all that apply):  
 Food Stamps  Welfare Payments  FITP  SSI  Social Security Payments  
 Unemployment  Workers Comp.  SNAP  TANF  Other: \_\_\_\_\_

Do you or have you ever had an IEP or 504 Plan? YES  NO  UNSURE  Are you a veteran of the Armed Forces? YES  NO

Are you interested in technical school or training? If so, what course? \_\_\_\_\_

What type of transportation do you have to get to a job? (Your own, public transportation, a ride from someone, etc.)

**Certification of Information**

*I certify that the above information is true and complete to the best of my knowledge.*

*If I am enrolled in a Title I activity, I am aware that incorrect or false information may result in my termination from this program, the repayment of funds, and/or prosecution for perjury or fraud.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)