



Upper Savannah Workforce System

WORKFORCE INVESTMENT ACT

GLEAMNS HUMAN RESOURCES COMMISSION, INC

SUMMER YOUTH SERVICES PRE-SCREENING APPLICATION

SECTION A

PERSONAL INFORMATION

Name: _____ Last Four Digits of Social Security Number _____

Date of Birth: _____ Age: _____ Current Grade: _____

Home Address _____ City _____ Zip Code _____

() _____ --- () _____ --- @ _____
Home Telephone# Cell Telephone # Email

_____ () _____ ---
Contact Person Relation to Applicant Message Telephone #

Are you currently attending School: Yes No If **yes**, the Name of the School: _____
If **no**, the highest grade completed 7 8 9 10 11 12 13 14 15 16

SECTION B

FAMILY HOUSEHOLD COMPOSITION

Are you a U.S. Citizen? Yes No If **no**, are you authorized to work in the United States? Yes No

What is your alien number: _____

In the boxes below, list all family members with whom you have lived with during the past six-month.

Name	Family Relationship	Income	Source of Income
Applicant's Name			

DO YOU OR ANY OF YOUR FAMILY RECEIVE: (CHECK ALL THAT APPLY)

TANF Food Stamps SSI Payments Social Security Benefits Disability Income Retirement Alimony Child Support
Payment for Foster Child Unemployment Compensation

CHECK ALL THAT APPLIES TO THE APPLICANT:

Offender School Dropout Homeless/Runaway Pregnant/Parenting Foster Child Unemployed Lacks Transportation

I, _____ attest that the information stated above is true and accurate to the best of my knowledge. I understand and agree that my willful misstatement of facts may cause my forfeiture of rights in the Workforce Investment Act program and may be grounds for penalties as specified by law.

Applicant's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____
(REQUIRED IF APPLICANT IS UNDER 18)

