

## CONNECTICUT YOUTH EMPLOYMENT APPLICATION 2024 (SCYEP)

\*IMPORTANT (Must be completed and signed by applicant and parent/guardian if applicant is a minor)

Did you work in this program last summer: ☐ yes ☐no		SSN:		
Last Name	First Name	MI		
Last Name	This italic	IVII		
Address	City	Zip Co	ode	
Phone Number	Date of Birth	n Age		
Alternate Contact information:				
Name:				
Phone Number:				
Relationship to applicant:				
☐Male ☐ Female	☐ US citizen☐ Resident Alien Ali	ien Reg. #		
Liviale Li Telliale	L Resident Allen All	ien neg. #		
Race:   American Indian/Alaskar	Native	☐ Black		
☐ Hawaiian Native/Pacific	Islander 🗆 Hispanic	☐ White		
Public Assistance:		☐ Free Lunch		
☐ TANF/Cash Assistance ☐	Food Stamps (SNAP)	Reduced Lunch	Ш	
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☐ General Cash Assistance ☐ Social Security		Youth with Disability and/o	or Special	
		Needs		
		□ <b>v</b>		
		□Yes No		
		Foster Child		
School Name:				
		□Yes		
Present Grade:		No		
***Only complete this section if you o	to not receive free/reduced lunc	ch, do not have a disability, are not Do	CF involved,	

or do not receive public assistance. Copy and attach the supporting documentation for family income. (Federal Tax

return 2020 or 2019 if you have yet to file taxes this year)



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Family Income	<b> </b>	185% Poverty Income	
Family Size- Number of family		Family Size	Income
members listed on 1040		1	\$23,606
		2	\$31,894
This chart represents the maximum income levels for a family to qualify and/or participate in the minimum level subsidized school meal program. For a family size over 8 add \$8,140 per family member.		3	\$40,182
		4	\$48,470
		5	\$56,758
		6	\$65,046
		7	\$73,340
		8	\$81,622
areer Interests:			

☐ Manufacturing, Construction, and Technology: Examples Assembling products using computers, computer aided drafting, trades (carpenter-electrician), designing and creating tools video technician.				
☐ Hospitality, Retail: Examples Managing a hotel, buying products for a store to sell, or planning events.				
□ <b>Finance, Banking, Insurance: Examples</b> helping people to get loans; to buy houses and cars, helping people invest their money for retirement, or helping people insure their property against damage investment banker, accountant, insurance agent real estate agent.				
☐ <b>Health, Biosciences: Examples</b> Directly caring for patients- Nurses, EMT Technician, Nurses Aide, Veterinarian, Laboratory Technician, Pharmacist				
☐ <b>Government, Education, Human Services: Examples</b> Teacher, Firemen, Police Officer, Teacher's Aide, Social Worker, Corrections Officer				
□ Arts and Media: Examples Music Composer, Graphic Designer, Dancer, Actor, Actress, Photographer, Journalist				
□Other:				

## **Release Form**

By signing this information and release form, you are attesting to the following:

I certify that the statements made by me on this application are voluntary, true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatement(s) offact(s) I will be subject to disqualification or dismissal from the program and to such other penalties as may be prescribed by law or regulations. I also understand that any and all of the information provided by me may beverified and I allow the release of the information by Northwest Regional Workforce Investment Board, Inc. for verification purposes.

I understand that it is against the law to discriminate on the following basis: against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; or on the basis of an individual's citizenship/status as a lawfully admitted immigrant authorized to work in the United States. I understand that I have the right to file a formal complaint with Northwest Regional Workforce Investment Board, Inc. if I feel that I have experienced discrimination.

I understand that the application must be submitted with the forms and copies of supporting documentation. I understand that space is limited in the program and that submitting an incomplete application will significantly decrease



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my chances of participating in the program.

I understand that it is my responsibility to notify the Partner Agency if my telephone number, email or mailing address changes. I understand that I can update this information by calling or by emailing the Partner Agency. I understand that if the Partner Agency cannot reach me with the contact information on file, I may not be able to participate in the program.

I understand that completion of this application is the first step to be considered for participation in the program.

Additionally, I hereby certify that as parent and / guardian of a minor under the age of eighteen (18) years I consent that any statement and / or photographs which have been or about to be made of my minor by the Northwest Regional Workforce Investment Board, Inc. May be used by the Northwest Regional Workforce Investment Board, Inc. It's legal representatives, successors, and assigns, employees, and persons(s) acting with its permission, upon its authority or on its behalf, to use my child's name, voice, verbal statements, portrait or picture (motion or still) for advertising purposes of trade, public information, and for any lawful purpose whatsoever.

Applicants Signature:	Date:			
By signing below, I attest that I am the parent or legal guardian of the applicant.	Date:			
Parent or Guardian's Signature:				