

# SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION FORM

Name: \_\_\_\_\_ Current (or Last) Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The following is used to certify your eligibility for the Summer Youth Employment Program, funded by Temporary Assistance for Needy Families (TANF) Stimulus funds. You must qualify under #1; and at least 1 item in #2 or #3.

1.  I am 14 through 23 years of age. (check if applies) Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_
2. I am (check all that apply)
  - Receiving free or reduced price lunches, or
  - In a household receiving public cash assistance; or
  - In a household that receives Supplemental Nutrition Assistance Program (SNAP food stamps) benefits.
3. *Only if you do not qualify under #2 (check if applies):*
  - I am in a household whose current gross annual income is at or below 600% Federal Poverty Level (FPL) (See chart below)

State of Hawaii 600% of Federal Poverty Level	
Household Members	Yearly Income
1 .....	74,808
2 .....	100,584
3 .....	126,360
4 .....	152,208
5 .....	177,984
6 .....	203,760
7 .....	229,608
8 .....	255,384
9 .....	281,160
10 .....	\$307,008
11 .....	332,784
12 .....	358,560
13 .....	384,408
14 .....	410,184
15 .....	435,960
If more than 15 persons in household, add \$25,776 for each additional person.	

**CERTIFICATION STATEMENT:** I, or my legal guardian, certify that the answers provided above are accurate and true.

\_\_\_\_\_  
PRINT NAME (APPLICANT)

\_\_\_\_\_  
SIGNATURE (APPLICANT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name (Legal Guardian If under 18 years)

\_\_\_\_\_  
Signature (Legal Guardian if under 18 years) and DATE

To complete your application, please fill out the Interest Information on the back of this form.

**THIS SECTION IS FOR STAFF USE ONLY:**

1. Eligible?  YES  NO \_\_\_\_\_
  2. Worksite Placement: \_\_\_\_\_
- |                             |                        |                          |             |
|-----------------------------|------------------------|--------------------------|-------------|
| Projected Start Date: _____ | Job: _____             | Initials: _____          | Date: _____ |
|                             |                        | Pay Rate: _____          |             |
| Projected End Date: _____   | Actual End Date: _____ | Actual Start Date: _____ |             |

## INTEREST INFORMATION

What things would you like in a job: *(Check all that apply)*

working with adults/children

working with your hands

working with machines/hand tools

creating/making things

working alone

working with groups

working indoors

working outdoors

heavy physical work

doing paperwork

getting dirty

leading others

cleaning work area

routine tasks

What is your Career Goal?

What skills do you have to do this type of work?

What related classes or experiences do you have that will help you do this type of work? (include school, church or social organizations, volunteer experience and work)

What is your favorite class?

What is your least favorite class?

What are your hobbies or interests?

Choice of worksites and positions: (list first, second and third choices)

1	Worksite	(Occupation)
2	WORKSITE	(Occupation)
3	WORKSITE	(Occupation)

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