



2019 Youth Development Program Application

PLEASE PRINT IN INK:

Application Date: _____

Student's Name (First, Middle, Last): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent/Other Phone: () _____

Email Address: _____ DOB: _____ Age: _____ Male Female

Do you have a student or state ID: Yes No Are you in High School: Yes No

If yes Name of High School: _____ Highest Grade Completed: _____ GPA: _____

Race: (Please select one):

White/Caucasian Black/African American Native American Asian American Hispanic/Non-White Other

The following information will help us determine eligibility for the POC Youth Development Program

Have you ever been arrested/pending charges? Yes No
(Background Checks Mandatory)

Number of Household Members? _____

What is the total Annual Household Income? _____

(Proof of income must be provided)

Release of Information

I hereby authorize representatives of the POC Youth Development Program to obtain information concerning my household member's income, ID and Security numbers for the purposes of determining eligibility. (ALL INFORMATION WILL REMAIN CONFIDENTIAL)

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN NAME PRINTED _____ / _____
(RELATIONSHIP TO APPLICANT)

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Completion of this application does not guarantee a position. Incomplete application will be discarded.

If you have any questions, please call (727) 823-4101 ext. 115 or ext. 110

APPLICATION DEADLINE: May 17, 2019

SUMMER PROGRAM DATES: JUNE 5 – JULY 19, 2019

RETURN THIS FORM, MOST RECENT REPORT CARD AND INCOME DOCUMENTATION TO:

**Pinellas Opportunity Council, Inc.
501 1st Avenue North, Suite 517
St. Petersburg, FL 33701**