



HRDC YOUTH DEVELOPMENT APPLICATION

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|--|-----------------------|----------------|
| Last Name: | First Name: | |
| Address: | City: | Zip: |
| Phone Number(s): | Age: | Gender: |
| Name of Parent or Guardian: | Date of Birth: | |
| Email Address: | | |

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY AND TO THE BEST OF YOUR ABILITY. YOUR ANSWERS WILL NOT AFFECT YOU NEGATIVELY.

1. Are you an American citizen?
2. Are you Native American?
3. Do you have a disability (including learning or IEP)?
4. What's your living situation like? Please include who you live with and how many are living in your home.
5. Have you ever been in trouble with the law? (If yes please explain)
6. Are you in-school or out-of-school? What's the highest grade you have completed?

7. What is your family's monthly income?
8. Have you ever been in foster care?
9. Are you pregnant or do you have any children?
10. Is one or both of your parents currently in jail/prison?
11. What are some careers you would like to be doing in the future?
12. Have you been fired from a job in the last 6 months (if, so please explain)?
13. What are your goals for the future and what do you want out of life?
14. Have you or your family received any public assistance in the last 6 months? (Food stamps, TANF, or SSI)
15. Why do you think you would be a good candidate for this program? How would you benefit?

Signature of applicant:

| | | |
|------|-------|------|
| Sign | Print | Date |
|------|-------|------|

Signature of parent of guardian: (If applicant is under 18 years of age)

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|------|-------|------|
| Sign | Print | Date |
|------|-------|------|

When completed please e-mail, drop off or fax (406-585-3538) to HRDC Youth Program
Have Questions? Contact our Youth Advisors at:
youthadvisor@thehrdc.org or 406-585-4486