

## HRDC YOUTH DEVELOPMENT APPLICATION

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?

	Sign	Print	Date	_	
Sign	ature of parent of guardian:	(If applicant is under 18 year	rs of age)		
	Sign	Print	Date		
Sign	ature of applicant:				
Į.	benefit?	idid be a good candidate for the	nis program? How would yo	ıu	
1	stamps, TANF, or SSI)  15. Why do you think you would be a good candidate for this program? How would you				
1		received any public assistance	e in the last 6 months? (Foo	d	
1	13. What are your goals for the future and what do you want out of life?				
1	2. Have you been fired from	n a job in the last 6 months (if,	so please explain)?		
1	What are some careers y	ou would like to be doing in the	he future?		
1	10. Is one or both of your parents currently in jail/prison?				
9	9. Are you pregnant or do you have any children?				
8	. Have you ever been in fo	ester care?			
1	. What is your family's moi	nthly income?			

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