

NEXTGEN Youth Services Pre-Application
(for young adults aged 16 – 24)
(Send completed application to workforcescholarshp@wpcog.org)

PERSONAL INFORMATION

Name: _____ (First, Last, MI) Last 4 of Social Security Number: _____

Address: _____

Age: ____ Date of Birth: _____ US Citizen/Right to Work: Yes ____ No ____ Last Grade Completed: ____
(check one)

Note: Male Participants in WIOA programs, who reach the age of eighteen, must be in compliance with the Military Selective Service Act. Youth Programs: No later than 60 days after 18th birthday student must provide official registration acknowledgment, which must be maintained in the participant's file.

Home Address: _____ Phone Number: _____

_____ Email Address: _____

County of Residence: _____

Please Circle Yes or No (if any apply):

Public Assistance	Yes	No	Pregnant/Parenting Youth	Yes	No
SSI	Yes	No	School Dropout	Yes	No
Food Stamps	Yes	No	ESL	Yes	No
Disability	Yes	No	Repeated a Grade: ____	Yes	No
Free Lunch	Yes	No	Foster Child	Yes	No
			Justice Involved	Yes	No

How many people live in your household? _____

What is your annual family income? _____

What is your goal(s) for attending school or obtaining training? _____

Are you currently enrolled in training? _____ Where (school) _____

Type of training/certificate/degree _____

Are you employed? Yes ____ No ____ If yes, Full-time ____ Part-time ____

Current or Most Recent Employer _____

Dates of Employment _____ to _____

Is there a family or personal situation that could keep you from meeting these goals? (Medical, Financial, Lack of Support, etc.) _____

****Signatures will be obtained later****

****Additional information will be required prior to approval****

Applicant's Signature: _____ **Date:** _____

By signing below I authorize the release of information to NextGen for information required to determine eligibility for the program. This may include school records, disability statements, public service records, wages or additional information as requested. I give consent for my child to work with a NextGen Career Advisor and participate in NextGen services and activities.

Parent/Guardian Signature: _____ **Phone:** _____ **Date:** _____

WIOA is an Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities:

1-800-735-2962 (TTY) 1-800-735-8200 (Voice)