

# Youth-Business Mentoring Program

## Student Application



Please fill out all of the information below. If something does not apply, please put N/A (not applicable).  
**YOU** need to complete it, no one else.

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ HOME CELL OWN GUARDIAN

Secondary Phone # \_\_\_\_\_ HOME CELL OWN GUARDIAN

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ School \_\_\_\_\_ School Grade \_\_\_\_\_

What is your school office (neighborhood)? \_\_\_\_\_

Race/Self-Identification (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern or North African           |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African-American        | <input type="checkbox"/> White or Caucasian                        |
| <input type="checkbox"/> Hispanic or Latino/a             | <input type="checkbox"/> Other _____                               |

Besides English, do you speak any other language(s) fluently? YES NO (check one)

If yes, which? \_\_\_\_\_

**(Optional)** Do you have any special needs or need accommodations in order to be successful in our program or at a job?

YES NO (check one) – If yes, explain \_\_\_\_\_

Do you have early release from school (on a daily basis)? YES NO (check one) – If yes, what time are you dismissed?  
**(This does not include early release on Mondays!)**

Have you previously applied to the Youth-Business Mentoring Program? YES NO (check one)

If yes, when? \_\_\_\_\_

Have you ever attended/been accepted into YBMP in the past? YES NO (check one)

If yes, when? \_\_\_\_\_

### Parent/Guardian or Closest Relative Contact Information

1. Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

How did you find out about the Youth-Business Mentoring Program? \_\_\_\_\_

Have you ever been in a job program before? YES NO (check one) – If yes, please list where, when, and how long.

Have you worked before? YES NO (check one) – If yes, please list where, when, and how long.

Please list the **regular activities** you are or will be involved in over the next 6 months. List all activities and the times they meet. **Include activities after school, clubs, sports, church, family commitments, etc.**

Write **NONE** in the days you do not have any commitments.

Monday	Tuesday	Wednesday	Thursday	Friday

The training will meet for 2 weeks, Monday-Friday every day after school. Students will be responsible for finding their own transportation home every day.

Do you think you will miss any of the training days? YES NO (check one)

If yes, which days? \_\_\_\_\_

Why? \_\_\_\_\_

Do you have a bus pass? YES NO (check one)

**Please answer the following questions. Be as specific and thorough as possible! There are no right or wrong answers. We just want to learn a little more about you! DO NOT HAVE SOMEONE ELSE WRITE THEM.**

Why do you want to participate in the Youth-Business Mentoring Program?

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What are your short-term and long-term goals? How would the Youth-Business Mentoring Program help you accomplish these goals?

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