

## Summer Youth Works! 2015

## **Application**

Please print and use black or blue ink. Thank you!

Date:	
Name:	
County: <u>Berkeley</u> <u>Charleston</u>	<u>Dorchester</u>
Email Address:	
Phone:	Alternative Phone:
How many people live in your household?	
Are you a returning Summer Youth Works! program participant:	
If yes, where did you work last with Summer Youth Works! ?	

How much work experience do you have?	
None 1-6 months One Year 1+yrs	
What is the name of the high school or college you currently attend?	
What is your status: High School Junior High School Senior College student	
Please name the school you will be attending in August 2015:	
What is your current GPA:	
Please list three goals you would like to accomplish by 2020 and explain your plan to accomplish them:	
Thank you for taking the time to complete Summer Youth Works! 2015	
application. You can email your application to <a href="mailto:Jbrown@palmettocap.org">Jbrown@palmettocap.org</a> or	
Nlumar@palmettocap.org	
You can fax your application to the attention of Project Pride at 843.724.6787	
You can mail your application to: Palmetto Community Action Partnership	

1069 King Street, Charleston, SC 29403