Youth Skills Camp Job Corps Student Application

STUDENT INFOR				
First Name:		_ Last Name: _		
Job Corps Center:				_
Address:				
City:	State:	Zip:		
Daytime Phone:		Evening Ph	none:	
Age: Male: _	Fem	ale:		
Length of stay in Job	Corps:			
PARENT/GUARDI	AN INFOR	RMATION:		
First Name:		_ Last Name: _		
Address:				
City:	State:	Zip:		
Daytime Phone:				
Cell Phone:				
EMERGENCY CO	NTACT IN	FORMATIO	N:	
First Name:		_ Last Name: _		
Address:				
City:	State:	Zip:		
Daytime Phone:		Evening Ph		
Cell Phone:		_		
Doctors' Name			Doctors' Phone	·
Please tell us of any	medical con	ditions we nee	d to know of.	
Parent/Guardian Si	gnature:			
Print:				_
Signature:				-
Date:				

We'd like to know you better Do you have a GED or High School Diploma? Yes No				
If answer to the above questions no, are you working toward your GED or high school diploma? Yes No				
What career technical trade are you enrolled?				
Are you in an advanced training? Yes No If the answer to the above questions is yes, which advanced career technical training are you enrolled?				
Do you hold any student leadership positions on your center? Yes No If the answer to the above question is yes, please explain.				
Why is participation in this program important to you?				
How will your participation in this program benefit your center and/or community?				
Describe your best and worst qualities.				

Essay Questions

Please provide a typed response to the following questions:

O During this exchange, participants will act as ambassadors for their countries. How will you fulfill this role? What qualities does a good ambassador exhibit?

Essay Questions (Continued)

LO	say Questions (Continueu)
0	Describe a mistake you have made. What did it teach you?
0	What has helped you become an effective student leader? What leadership skills would you
	like to improve?