

Attachment B

_____ Job Corps Center
Start Young Entrepreneurship Program
Student Application Form

Personal Information

Name (first, last)			
Check one: <input type="checkbox"/> Non-Resident Student	<input type="checkbox"/> Resident Student		
Your Job Corps Counselor			
E-Mail Address	@		

Your Current Class Schedule

Please list your current class schedule

1 st Period	5 th Period
2 nd Period	6 th Period
3 rd Period	7 th Period
4 th Period	

Career Goals

Tell us your career goals and why you are interested in participating in this program.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous education (high school, college), volunteer work, leadership positions, or through other activities, including hobbies or sports.

Accomplishments in Job Corps

Summarize your achievements to date in Job Corps. List trainings completed, GED, high school diploma, certifications attained, and leadership positions held, etc.

References

Please list a Job Corps staff member who would recommend you for this program.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. If I am selected as a _____ **Job Corps Center Entrepreneurship student**, I agree to abide by all Job Corps rules and regulations.

Name (printed)	
Signature	
Date	

