



YOUTH HOPE HOUSING AND EDUCATIONAL ADVANCEMENT PROGRAM

YOUTH APPLICATION

Name _____ DOB _____ M F

Address _____ City _____ Zip _____

Home phone (____) _____

Cell Phone(____) _____

Social Security # _____

Email _____

Driver's License # or Ca.ID # _____

IF YOU ARE A FORMER FOSTER YOUTH

Date of Emancipation _____

Last Social Worker's Name and Phone Number _____

Which county manages your case? _____

Do you already have an emancipation coach? Yes No

Name and phone # of Emancipation Coach/ILP Worker _____

Do you have a car? Yes No

If yes: Auto Make/Model _____ Year _____ Payments _____

List all sources of income, and income per month from each

Employer _____ Amount _____ per month

Supervisors name _____

Source of additional income _____

Amount _____ per month

Total monthly gross income: _____

List all credit card debt. _____

What is your highest Level of Education _____

Circle applicable completed: H.S Graduation, GED, or HiSet

Date completed _____

Have you applied for Federal Financial Aid Yes No

What college or vocational school are you planning on attending?

What major are you considering? _____

Have you ever been arrested? _____

If yes:

Why? _____

Did you serve jail time? Y N

Do you have any felonies ? Y N

If yes, for what? _____

Do you have a drug history? (this may not prevent you from being accepted) Yes No
If yes, which drugs.....

If yes to drug use, have you participated in a rehabilitation program? Y N

When was the last time you used? _____

Have you ever been hospitalized or diagnosed with mental health issues? Y N

If yes, please give the dates and explain.

Please include the following with your application:

1. Autobiography: your story, information about your childhood and family
2. your current living arrangement
3. your current status in school,
4. your present job if applicable
5. your career goals and educational plans.
6. Why you want to be part of our housing, scholarship program.....

Bring to your interview:

1. a copy of your high school, GED, or HiSet
2. two letters of reference from teachers, counselors, social workers, or employers.

I certify that all of the above information and the attached autobiography are true and accurate to the best of my knowledge. I give permission for YouthHope to verify any of the above stated information.

Signature_____

Date_____

Dee Dee Schilt, RNMS
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at
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