

Georgia Department of Human Services



YOUTH EMPOWERMENT SERIES

**For Official Use Only:**

Reference 1

Reference 2

Date Completed Application Received: \_\_\_\_\_

# 2017 - 2018 APPLICATION

## Personal Information

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER

DATE OF BIRTH:

GENDER

COUNTY

**Based on your home address,  
please indicate the regional cohort  
to which you would belong?**

Northern Georgia

Metro Atlanta

Middle Georgia

Coastal Georgia

South Georgia

Please refer to the regional  
cohort map found at  
[dhs.georgia.gov/youth-empowerment-series-yes](http://dhs.georgia.gov/youth-empowerment-series-yes)

**Please identify the  
racial/ethnic categories  
by which you identify.  
(optional)**

African American

Native American

Hispanic/Latino

Asian/Pacific Islander

Caucasian

Prefer not to answer

Other: \_\_\_\_\_

## Education

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NAME OF SCHOOL

---

STREET ADDRESS

CITY

---

STATE

ZIP CODE

I AM ARISING:

Freshman

Sophomore

Junior

Senior

## Parent/Guardian Information

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LAST NAME

FIRST NAME

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STREET ADDRESS

CITY

---

STATE

ZIP CODE

---

EMAIL ADDRESS

---

PHONE NUMBER

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RELATIONSHIP TO APPLICANT

## Short Answer

*Please limit your response to 300 words or less.*

1. Why do you want to become a participant of the DHS Youth Empowerment Series?

2. Why is it important that youth have a voice in their communities?

# Reference Forms

**Two reference forms are required when submitting a DHS YES application.**

Please have your adult references (coaches, teachers, mentors etc.) complete the form separately by downloading the form on [dhs.georgia.gov/apply-yes](https://dhs.georgia.gov/apply-yes) and submitting it as set forth below.

Forms should be submitted directly by the individual reference on behalf of the applicant. Applicants should not submit forms on behalf on the adult reference. Completed reference forms should be submitted using one of the methods below:

E-mail: [deshane.velasquez@dhs.ga.gov](mailto:deshane.velasquez@dhs.ga.gov)

Fax: 770-408-4928

Mail: ATTN: Déshané Velasquez  
Georgia Department of Human Services  
2 Peachtree Street, N.W., Suite 29.250  
Atlanta, Georgia 30303-3142

# Requirements

*Please have your high school guidance counselor complete this section.*

## **Attendance.**

A student's attendance record must demonstrate the student's adherence to the established policies and procedures of the local board of education and adherence to mandatory state school attendance policies (O.C.G.A. §20-2-690.1, et seq.).

Does this student's record meet the requirements set forth in O.C.G.A. §20-2-690.1?

YES

NO

## **Discipline and Behavior Requirements**

A student must not have more than two total combined Level I and/or Level II disciplinary infractions or one Level III disciplinary infraction and no out-of-school suspensions, as defined by Georgia's Progressive Discipline Model (O.C.G.A. §20-2-735, et seq.).

Has this student ever had any disciplinary infractions or suspensions as stated above?

YES

NO

I ( \_\_\_\_\_ ) certify that ( \_\_\_\_\_ )  
**print counselor's name** **print applicant's name**

meets the requirements listed above regarding academics, attendance and behavior.

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PRINT NAME

TITLE

---

SIGNATURE

DATE

---

EMAIL ADDRESS

PHONE NUMBER

# Parent/Guardian Permission Forms

Please respond to the following statements, then sign and date the form. **Check the appropriate box to indicate your response.**

I grant my permission for my child to participate in the 2017-2018 DHS Youth Empowerment Series.

**YES**

**NO**

I grant my permission for the Georgia Department of Human Services to release my child's name and school of attendance to the public.

**YES**

**NO**

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DHS YES applicants must have two reference forms and a signature from his/her guidance counselor to be considered for participation in this program. The purpose of the reference form and guidance counselor signature is to supply important information for each student's application to the Youth Empowerment Series. This information may include, but is not limited to, an evaluation of and all aspects of the student's academic performance and/or non academic experience relative to the program selection process.

NOTE: Under the Family Educational Privacy Rights Act, 20 U.S.C 123 (g.), you may, but are not required to, waive your rights of access to confidential references given for any of the purposes listed in this form. If you waive your rights of access, this waiver remains valid indefinitely. Check the appropriate box below.

I waive my right to access or review letters of recommendation.

I do not waive my rights to access or review letters of recommendation.

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**Parent/Guardian Signature**

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**Applicant Signature**

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**Date**

# THANK YOU for applying!

**Please submit your completed application using one of the methods below:**

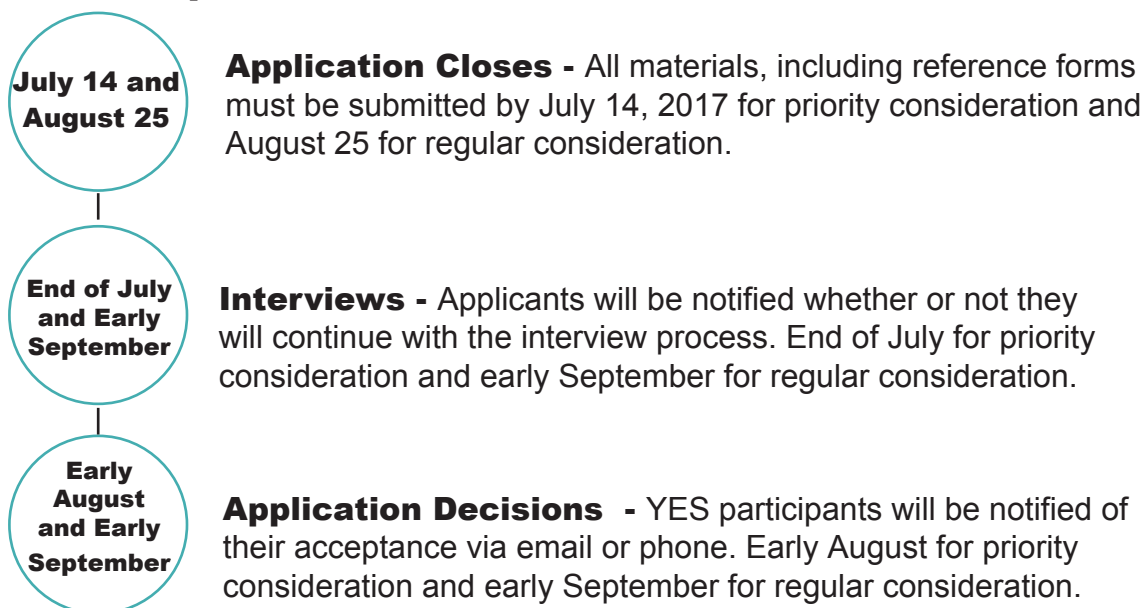
E-mail: [deshane.velasquez@dhs.ga.gov](mailto:deshane.velasquez@dhs.ga.gov)

Fax: 770-408-4928

Mail: ATTN: Déshané Velasquez  
Georgia Department of Human Services  
2 Peachtree Street, N.W., Suite 29.2650  
Atlanta, Georgia 30303-3142

All applications and materials, including reference forms, must be submitted and/or postmarked by July 14, 2017 for priority consideration or August 25, 2017 for regular consideration. You will be notified via email when all application materials have been submitted.

## Next Steps:



Visit [dhs.georgia.gov/youth-empowerment-series-yes](https://dhs.georgia.gov/youth-empowerment-series-yes) to learn more about the Youth Empowerment Series. Please direct any questions you may have to Déshané Velasquez at [deshane.velasquez@dhs.ga.gov](mailto:deshane.velasquez@dhs.ga.gov) or 404-463-6702.