

For Official Use Only:

Reference 1 Reference 2
Date Completed Application Received:

2017 - 2018 APPLICATION

Other:

Personal Information

LAST NAME:		FIRST NAME:	
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
EMAIL ADDRESS:		PHONE NUMBER	2
DATE OF BIRTH:		GENDER	
COUNTY			
Based on your home address, please indicate the regional cohort to which you would belong?	Northern Georgia	Please identify the racial/ethnic categories by which you identify. (optional)	Native American
Please refer to the regional cohort map found at dhs.georgia.gov/youth-empowerment-series-yes	Metro Atlanta Middle Georgia	,	Hispanic/Latino Asian/Pacific Islander
	Coastal Gerogia South Georgia		Caucasian Prefer not to answer

Education

NAME OF SCHOOL				
STREET ADDRESS		C	CITY	
STATE		ZIP CODE		
I AM A RISING:	Freshman	Sophomore	Junior	Senior

Parent/Guardian Information

LAST NAME		FIRST NAME	
STREET ADDRESS		CITY	
STATE	ZIP CODE		
EMAIL ADDRESS			
PHONE NUMBER			
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 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

Fax: 770-359-1822

Mail: ATTN: Déshané Velasquez

Georgia Department of Human Services 2 Peachtree Street, N.W., Suite 29.262

Atlanta, Georgia 30303-3142

Requirements

Please have your high school guidance counselor complete this section.

Attendance.

SIGNATURE

EMAIL ADDRESS

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.).

PRINT NAME		TITLE	
meets the requiremen	nts listed above	regarding academics, attendance and behavior.	
` print cou	nselor's name	print applicant's name	•
1() certify that ()
TLO	NO		
YES	NO		
Has this student ever	had any discipli	nary infractions or suspensions as stated above?	
Georgia's Progressive (O.C.G.A. §20-2-735,	•	el	
		vo total combined Level I and/or Level II disciplinary rinfraction and no out-of-school suspensions, as defined b	y
Discipline and Be	havior Requi	rements	
YES	NO		
Does this student's re	cord meet the re	equirements set forth in O.C.G.A. §20-2-690.1?	

DATE

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	YES
Empowerment Series.	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
child's flame and school of attendance to the public.	NO

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.

Parent/Guardian Signature Applicant Signature

Date

THANK YOU for applying!

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

E-mail: deshane.velasquez@dhs.ga.gov

Fax: 770-359-1822

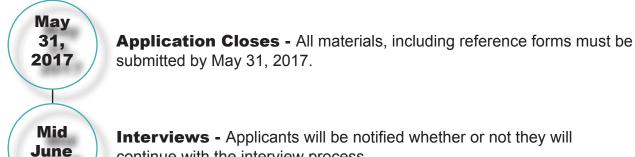
Mail: ATTN: Déshané Velasquez

Georgia Department of Human Services 2 Peachtree Street, N.W., Suite 29.262

Atlanta, Georgia 30303-3142

All applications and materials, including reference forms, must be submitted and/or postmarked by May 31, 2017. You will be notified via email when all application materials have been submitted.

Next Steps:



continue with the interview process.

EarlyJuly

Application Decisions - YES participants will be notified of their acceptance via email or phone

Visit 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 or 404-463-6702.