

# Application

For official use only	
Reference 1:	
Reference 2:	
Date application received: _	

### **Personal Information**

Last name		First name			
Street address					
City		State	Zip code		
Email		Phone number	r		
Date of birth	Gender		County		
Based on your home address, p [Refer to the regional cohort map fou			phort to which you would belong.		
Northern Georgia	Met	ro Atlanta	Middle Georgia		
Coastal Georgia	Sou	th Georgia			
Identify the racial / ethnic cate	gories by which	ı you identify. [c	optional]		
African American	Nati	ive American	Hispanic / Latino		
Asian / Pacific Islander	Cau	ıcasian	Prefer not to answer		
Other:					



Education			
Name of school			
Street address			
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	Phone number	r	-
Relationship to applicant			



-		
Short	answer	questions
	411344CI	MMC34IVII3

Please limit your response to 300 or fewer words.

Why do you want to become a participant of the DHS Youth Empowerment Series?	
Why is it important that youth have a voice in their communities?	

### References

Two reference forms are required when submitting a DHS YES application. The form can be downloaded at **dhs.georgia.gov/apply-yes**.

Forms should be submitted directly by the individual providing the reference on behalf of the applicant. Applicants should not submit forms on behalf of their adult references.

Forms can be submitted by one of the methods listed below. Mailed forms must be postmarked by the application deadline. Forms must be submitted by either the Wave 1 or Wave 2 deadlines. **Wave 1:** April 13, 2018. **Wave 2:** May 18, 2018.

Email:

yes@dhs.ga.gov

Mail:

ATTN: Youth Empowerment Series Georgia Department of Human Services 2 Peachtree St. NW, Suite 29.250 Atlanta, GA 30303-3142



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

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Attendance	
	trate the student's adherence to the established policies ion and adherence to mandatory state school attendance
Does this student's record meet the requiren	nents set form in O.C.G.A. §20-2-690.1?
Yes No	
Discipline and Behavior Requirements	
	l combined Level I and/or Level II disciplinary infractions or at-of-school suspensions, as defied by Georgia's Progressive (.)
Has this student ever had any disciplinary info	ractions or suspensions as stated above?
Yes No	
1	certify that
(print counselor's name) meets the requirements listed above regarding	(print applicant's name) ng academics, attendance and behavior.
Last name	First name
Title	
Email	Phone number
Signature	Date



# **Parent / Guardian Permission Forms**

Applicant signature

Please respond to the following statements, then sign and date the form. Check the appropriate box to indicate your response.
I grant permission for my child to participate in the 2018-2019 DHS Youth Empowerment Series.
Yes No
I grant permission for the Georgia Department of Human Services to release my child's name and school of attendance to the public.
Yes No
Georgia Department of Human Services (DHS) Youth Empowerment Series (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 nonacademic experience relative to the program selection process.  NOTE: Under the Family Education 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 o 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 Date

Date



### Thank you for applying!

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

### Email:

### Mail:

yes@dhs.ga.gov

ATTN: Youth Empowerment Series Georgia Department of Human Services 2 Peachtree St. NW, Suite 29.250 Atlanta, GA 30303-3142

All applications and materials, including reference forms, must be submitted and / or postmarked by the deadlines outlined below for Wave 1 and Wave 2. You will be notified via email when all application materials have been submitted.

### WAVE 1

### WAVE 2

### **April 13, 2018**

Application period closes. All materials, including reference forms, must be submitted.

### Mid-May

Interviews. Applicants will be notified whether or not they will continue with the interview process.

### Late May

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

### May 18, 2018

Application period closes. All materials, including reference forms, must be submitted.

### **Mid-July**

Interviews. Applicants will be notified whether or not they will continue with the interview process.

## **Late July**

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. Direct any questions to **yes@dhs.ga.gov**.