



YOUTH EMPOWERMENT SERIES

Application

2018 - 2019

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

Date of birth

Gender

County

Based on your home address, please indicate the regional cohort to which you would belong. [Refer to the regional cohort map found at dhs.georgia.gov/youth-empowerment-series-yes]

Northern Georgia

South Georgia

Coastal Georgia

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

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

Relationship to applicant



Short answer questions

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: Sept. 3, 2018.

Email:
yes@dhs.ga.gov

Fax:
770.408.4928

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.

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.

Last name

First name

Title

Email

Phone number

Signature

Date



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 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 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

Date

Applicant signature

Date



Thank you for applying!

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

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
Fax: 770.408.4928	

All applications and materials, including reference forms, must be submitted and / or postmarked by Sept. 3, 2018. You will be notified via email when all application materials have been submitted.

Visit dhs.georgia.gov/youth-empowerment-series-yes to learn more about the Youth Empowerment Series. Direct any questions to Joshua Beaner at joshua.beaner@dhs.ga.gov or **404.463.0745**.