



YOUTH EMPOWERMENT SERIES

Application

Application

Personal Information

Last name

First name

Street address

City

State

Zip code

Email

Phone number

Date of birth

Gender

County

Please indicate below the location and date of the Meetup you would like to attend. Meetups are two days long and require an overnight stay. All hotel and meal costs will be provided by the YES program.

Atlanta | 8/24/2019 - 8/25/2019

Athens | 10/26/2019 - 10/27/2019

Gainesville | 2/1/2020 - 2/2/2020

Columbus | 9/28/2019 - 9/29/2019

Valdosta | 12/7/2019 - 12/8/2019

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?



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 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 their counselor fill out a reference form with a signature from his / her guidance counselor to be considered 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 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 to 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



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 form 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 defied 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



Thank you for applying!

Download the YES Application at dhs.ga.gov/apply-yes and complete the form electronically. Completed applications can be submitted to joshua.beaner@dhs.ga.gov or printed and mailed to the address below.

Email: joshua.beaner@dhs.ga.gov

Mail:

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

All applications and materials must be submitted and / or postmarked by the deadlines outlined below. You will be notified via email when all application materials have been submitted.

Applicants must stay for the duration of the event.

Lodging and meal costs will be provided for the Meetups. Lodging information will be provided ahead of the Meetup date.

APPLICATION DEADLINES

Atlanta

June 28, 2019

Valdosta

October 4, 2019

Columbus

July 26, 2019

Gainesville

November 29, 2019

Athens

August 23, 2019

Visit dhs.ga.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**.