Larimer County Workforce Center
Youth Services

200 West Oak Street, Suite 5000
P.O. Box 2367/Fort Collins, CO 80522-2367
Youthline (970)498-6608 / *Main* (970)498-6600

418 East 4th Street / Loveland, CO 80537
Phone (970)667-4261
www.larimerworkforce.org/youth

-YouthLINK Fast Track-

Scholarship & Employment Program for High School Seniors

What am I applying for?

The Larimer County Workforce Center's Youth Services team is offering a fast-track education and employment program for eligible high school seniors. The program will assist you with transitioning from high school to gainful employment and/or further training/college through intensive job search assistance, internship, and scholarship opportunities!

What makes me eligible?

The Workforce Investment Act (WIA), which is funding this program, has certain eligibility criteria attached to it. Therefore, participants must meet the following criteria:

- ✓ On track to graduate May 2013 or sooner
- ✓ Eligible to work in the United States
- ✓ Living in a low-income household OR have a diagnosed disability OR currently in foster care
- ✓ Have an active interest in pursuing employment or college/vocational training following graduation

What do I have to do?

Complete the attached application and mail it to either of our office locations (addresses listed above). Electronic applications can be emailed to youthservices@larimer.org. Once we receive your application, a Youth Services Team member will contact you to invite you to an orientation where you will learn more about the program and next steps to get started.

What do I need to provide to be deemed eligible?

Please bring the following documents with you to the orientation:

- ☐ State issued ID card or driver's license
- ☐ Social Security Card
- ☐ Proof of residency in Larimer County any of the following:
  - This could be your ID if your address is current
  - Piece of mail you've received at your address
  - Statement from person you are currently staying with
- ☐ Income verification for the household:
  - Food stamps or TANF documentation (if applicable)
  - Most recent pay stubs for everyone in your household if the above does not apply

If you have questions, please call our *Youth Services Team* at **(970) 498-6608** or email us at **youthservices@larimer.org**

We would love to talk to you!

Date: _____

-YouthLINK Fast Track-

Scholarship & Employment Program for High School Seniors

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ _____ CO _____

(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Email Address (es): _____

Would you like us to contact you via texting (charges may apply): Yes ☐ No ☐

What is your preferred method of contact? _____

Birth Date: _____ Social Security #: _____ Veteran: Yes ☐ No ☐

Who will always know where you are even if you move? Name _____

Address _____ Phone(s) _____

Other phone numbers where you can be reached? _____

Other Agency(s) you're currently working with (i.e. Matthew's House, Jacob Center, DHS, Workforce Center, etc)

Organization: _____ Contact Person: _____ Phone: _____

High School/GED currently attending: _____

Anticipated Graduation Date: _____

Race/Ethnicity: Hispanic ☐ Am. Indian ☐ Asian ☐ Black ☐ Haw.Nat/PI ☐ White ☐ Unknown ☐

What is your main source of transportation? Car ☐ Parent ☐ Friend ☐ Bus ☐ Other _____

Your interests are very important in selecting an employment opportunity. What kinds of jobs or careers are you considering?

1) _____ 2) _____

3) _____ 4) _____

What is your current work availability?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date you are available to start work: _____ Preferred hours per week: _____

Eligibility Section

Please check any of the following that may apply to you *past & present*:

- ☐ High school drop-out
- ☐ Behind a grade in school
- ☐ Homeless/Couch Surfing
- ☐ Physical/Mental/Learning Disability
- ☐ Arrested/Probation/Parole
- ☐ Foster Care/Group Home
- ☐ Runaway
- ☐ No work History
- ☐ Pregnancy/ Teen Parent
- ☐ Emancipated Youth
- ☐ Substance Abuse
- ☐ Truancy
- ☐ Resource Room/ Special Education
- ☐ English as a second Language

Family Information:

How many people live with you under one roof and share expenses with you? _____

Are you married? Yes ☐ No ☐ How many children do you have? _____

Do you or any member of your family receive any of the following services?

- ☐ Supplemental Security Income (SSI)
- ☐ Aid to the Needy Disabled (AND)
- ☐ Temporary Aid for Needy Families (TANF)
- ☐ Unemployment Insurance (UI)
- ☐ Food Stamps
- ☐ Not Sure: _____

Estimated Annual Income (Individual)_____(Household):_____

Do you currently have Health Insurance? YES☐ No☐

What is your current housing situation? ☐Live with Family ☐Rent ☐Homeless/couch surfing

☐Foster Home ☐Other: _____

Applicants 18 years or older, please answer the following:

If you are a male born after Jan. 1, 1960, are you in compliance with Section 3 of the Military Selective Act?
(Have you registered for the draft?) Yes ☐ No ☐ I am not yet 18 ☐

EMPLOYMENT HISTORY *(if applicable)*

BEGINNING with your current or **most recent** position, please list all employment you have held. If more space is needed, ask for additional pages. Please include all volunteer work as well.

1. Business Name: _____ Type of Business: _____ Phone: _____
   Address: _____ City: _____ State: _____
   Employed From: _____ to _____
   Job Title: _____ Hours/Week: _____ Name of Supervisor: _____

Pay: Start: _____ Final: _____ Reason for Leaving: _____
Duties:

2. Business Name: _____ Type of Business: _____ Phone: _____
Address: _____ City: _____ State: _____
Employed From: _____ to _____
Job Title: _____ Hours/Week: _____ Name of Supervisor: _____
Pay: Start: _____ Final: _____ Reason for Leaving: _____
Duties:

3. Business Name: _____ Type of Business: _____ Phone: _____
Address: _____ City: _____ State: _____
Employed From: _____ to _____
Job Title: _____ Hours/Week: _____ Name of Supervisor: _____
Pay: Start: _____ Final: _____ Reason for Leaving: _____
Duties:

Please complete the following paragraph. Your thoughts will help us with the selection process.

"I believe the YouthLINK Fast Track Program will help me be successful by…."

All applicants must also register with www.connectingcolorado.com if they have not already done so

Signature of Applicant: _____ Date: _____

Signature of employee reviewing this form: _____ Date: _____

Please submit all applications to either office:

200 West Oak Street Suite 5000 Fort Collins, CO 80522 • 418 East 4th Street Loveland, CO 80537

or email to youthservices@larimer.org

Questions? Please call our Youth Services Team at (970) 498-6608 or email!

NOTICE TO APPLICANT: EQUAL OPPORTUNITY IS THE LAW

The Colorado Department of Labor and Employment, Division of Employment and Training is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age, disability, and for beneficiaries only, citizenship or participation in programs funded under the U.S. Department of Labor (USDOL) in admission or access to, opportunity or treatment in, or employment in the administration of or in connection with any USDOL funded program or activity. If you believe you have been discriminated against, under a USDOL funded program or activity, you have the right to file a complaint within 180 days from the date of the alleged violation with Colorado Department of Labor and Employment's Equal Opportunity Officer, Gloria Fisher, at Tower 2, Suite 775, 1515 Arapahoe Street, Denver, CO 80202-2117 or you may file a complaint directly with the Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, Room 4123, Washington, DC 20210.

For further information or assistance, please contact the nearest Workforce Center in you area.

Email Form