

Admission Application

Please fill out all information completely. If a question does not apply to you, write N/A (not applicable).

PERSONAL INFORMATION			
First Name:	MI:	Last Name:	
Address:			
City:		State:	ZIP Code:
Home Phone: ()		Cell Phone: ()	
Email:	DOB: / /	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
What school do you attend?			
What type of school is it?	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Continuation		
If you go to a private school, are you on a scholarship?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What grade are you in?	<input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Graduated <input type="checkbox"/> GED <input type="checkbox"/> Left high school before completion, highest grade completed: _____		
Primary language spoken at home:	<input type="checkbox"/> Arabic <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino/Tagalong <input type="checkbox"/> Cantonese <input type="checkbox"/> Khmer/Cambodian <input type="checkbox"/> Russian <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Hindi <input type="checkbox"/> Mandarin/Putonghua <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify): _____		
English fluency: Please indicate your level of English fluency (how well you feel you speak the English language).	<input type="checkbox"/> Fluent (speak very well, native English speaker, etc.) <input type="checkbox"/> Somewhat fluent (speak English somewhat well, ESL student, etc.) <input type="checkbox"/> Not Fluent (do not speak English, non-native English speaker, etc.)		
Race/ethnicity: Check all that apply.	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/European <input type="checkbox"/> Other White <input type="checkbox"/> Decline to State <input type="checkbox"/> Other: _____		
What is your parent's or guardian's (household) combined annual gross income (before taxes)?	<input type="checkbox"/> Less than \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> Over \$75,000 <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to state		
Do you live?	<input type="checkbox"/> Both Parents <input type="checkbox"/> Single Parent <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other : _____		
How many people live in your home with you? (not including yourself):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+		
What is the highest level of education your father has completed?	<input type="checkbox"/> Middle School <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> AA (2 year degree) <input type="checkbox"/> BA (4 year degree) <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. <input type="checkbox"/> Unknown		
What is the highest level of education your mother has completed?	<input type="checkbox"/> Middle School <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> AA (2 year degree) <input type="checkbox"/> BA (4 year degree) <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. <input type="checkbox"/> Unknown		

WHY YOUTH RADIO?

<p>How did you hear about youth radio? Check all that apply.</p>	<p><input type="checkbox"/> Friend: Please tell us their full name: _____</p> <p><input type="checkbox"/> Teacher/Counselor <input type="checkbox"/> School Presentation <input type="checkbox"/> Website <input type="checkbox"/> Radio Program</p> <p><input type="checkbox"/> Other: _____</p>
<p>Have you ever participated in a Youth Radio workshop before?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where and when?</p>
<p>Why does Youth Radio interest you?</p>	
<p>Do you have previous experience in any of the following? Check all that apply.</p>	<p><input type="checkbox"/> Journalism <input type="checkbox"/> Radio <input type="checkbox"/> Film & Video <input type="checkbox"/> Web Design</p> <p><input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Music & DJing</p> <p><input type="checkbox"/> Performing Arts (Ex: dance, drama & spoken word)</p> <p><input type="checkbox"/> Creative Writing (Ex: poetry and short story writing)</p>
<p>If you have previous experience, please describe your experience:</p>	
<p>Why does Youth Radio interest you?</p>	
<p>Which of the following computers and software do you feel comfortable working with?</p>	<p><input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> Microsoft Word</p> <p><input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Imovie <input type="checkbox"/> Photoshop</p>
<p>Do you use the internet?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you use the Internet, how do you use it?</p> <p><input type="checkbox"/> Homework <input type="checkbox"/> Research <input type="checkbox"/> Web Design <input type="checkbox"/> Entertainment</p> <p><input type="checkbox"/> Other _____</p>
<p>What type of music do you like?</p>	
<p>Briefly list a few important topics or current issues that you feel are important to teens, people of your heritage or yourself:</p>	
<p>What other organizations do you belong to?</p>	

Are you interested in college?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, what colleges are you interested in going to?	
What are your career goals?	
Do you think you could benefit from any of the following?	<input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Academic Advising <input type="checkbox"/> Time Management <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Study Skills <input type="checkbox"/> SAT Prep
Are you receiving any of these services right now, at other organizations?	<input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Academic Advising <input type="checkbox"/> Time Management <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Study Skills <input type="checkbox"/> SAT Prep

For office use only:

DATE	NOTE

General Notes:

For office use only:

LOCATION:	<input type="checkbox"/> Oakland <input type="checkbox"/> Los Angeles <input type="checkbox"/> Washington D.C. <input type="checkbox"/> Atlanta
SESSION:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter Year: _____
PROGRAM:	<input type="checkbox"/> Core <input type="checkbox"/> Bridge <input type="checkbox"/> CAP <input type="checkbox"/> Internship <input type="checkbox"/> Training <input type="checkbox"/> Community Outreach <input type="checkbox"/> Correspondent
ETO:	Date Entered (ETO): _____ Initials: _____ Client ID # (ETO): _____

