



# Application Form

Please fill out all information completely.

If a question does not apply to you, write N/A (not applicable).

## Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number:

What school do you go to? \_\_\_\_\_  Public  Private  Charter

If you go to a private school, are you on a scholarship?  YES  NO

What grade are you in?  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

For REMOTE applicants:  Graduated  GED  Highest Grade Completed \_\_\_\_\_

Birth Date:(MM-DD-YY)

Gender:  Female  Male Sexual Identity:  Straight  Gay  Bi-sexual  Transgender

## Primary Language Spoken in Home:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arabic                       | <input type="checkbox"/> Japanese           | <input type="checkbox"/> Filipino/Tagalog |
| <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):

- Fluent (speak very well, native English speaker, etc.)
- Somewhat Fluent (speak English somewhat well, ESL student, etc.)
- Not Fluent (do not speak English, non-native English speaker, etc.)

## Race / Ethnicity. Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> African          | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> White/European   |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Other White      |
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Middle Eastern   | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Native American  |   |

**What is your parent's or guardian's (household) combined annual gross income (before taxes)?**

Less than \$24,999     \$25,000 – \$49,999     \$50,000 – \$75,000     Over \$75,000     Unknown

Do you live with:  Both Parents     Single Parent     Grandparents     Legal Guardian     Foster Parent  
 Other \_\_\_\_\_

How many people live in your home with you? (Not including yourself) 1    2    3    4    5    6    7    8

What's the highest level of education your father has completed?

Middle School     GED     High School     AA (2 year degree)     BA (4 year degree)     Masters     Ph.D.

What's the highest level of education your mother has completed?

Middle School     GED     High School     AA (2 year degree)     BA (4 year degree)     Masters     Ph.D.

**Why Youth Radio?**

1. How did you hear about Youth Radio? (Check all that apply.)

Friend Please tell us their full name: \_\_\_\_\_  
 Teacher/Counselor     School Presentation     Website     Radio Program     Other: \_\_\_\_\_

2. Have you ever participated in a Youth Radio workshop before?     YES     NO

If YES, Where? \_\_\_\_\_ When? \_\_\_\_\_

3. Why does Youth Radio interest you?

4. What do you hope to learn about at Youth Radio?

5. Do you have previous arts, media or journalism experience?     YES     NO

If YES, please describe your experience?

6. Which of the following computers and software do you feel comfortable working with? (Check all that apply.)     PC     MAC     Microsoft Word     Microsoft Excel     iMovie     PhotoShop

7. Do you use the Internet?  YES  NO

If YES you use the internet, how do you use it? (Check all that apply.)

Homework  Research  Entertainment  Web Design  Other: \_\_\_\_\_

8. What types of music do you like?

9. Briefly list a few important topics or current issues that you feel are important to teens, people of your heritage, or yourself.

10. What other organizations do you belong to?

11. Do you have any after-school activities that may prevent you from attending classes at Youth Radio?

12. Are you interested in attending college after high school?  YES  NO  Not Sure

If YES, what colleges are you interested in going to?

13. What are your career goals?

14. Do you think you could benefit from any of the following? (Check all that apply)

academic tutoring  time management  study skills  SAT prep

academic advising  mental health counseling

15. Are you receiving any of these services right now, at other organizations?

academic tutoring  time management  study skills  SAT prep

academic advising  mental health counseling

16. Please indicate any special accommodations you may require in order to participate?



Should it be necessary for my child to have medical treatment while participating in any Youth Radio program activities, I hereby give permission to program staff to use their judgment in obtaining medial services for my child. I give permission to the physician to exercise her/his judgment in providing appropriate medical services.

(Please make sure that your child has their medical cards and insurance membership information so that they are prepared in case of an emergency.)

**Participant Information**

\_\_\_\_\_  
Name of Participant                      Telephone Number                      Social Security Number

\_\_\_\_\_  
Address                      City                      Zip Code                      Date of Birth

**Parent / guardian Information**

\_\_\_\_\_  
Name of Mother / Guardian                      Signature

\_\_\_\_\_  
Telephone Number                      Email

\_\_\_\_\_  
Name of Father / Guardian                      Signature

\_\_\_\_\_  
Telephone Number                      Email

Please list any special medical concerns or conditions of which we should be aware: