



# Application Form

Please fill out all information completely.

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

## Personal Information

Date: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

What school do you go to? \_\_\_\_\_

What type of school is it?  Public  Private  Charter  Continuation

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

What Grade are you in?  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  Graduated  GED

OR  Left high school before completion, Highest Grade Completed: \_\_\_\_\_

Birth Date:(MM-DD-YY)

Gender: Female Male

## **Primary Language Spoken in Home:**

- Arabic  Japanese  Filipino/Tagalog
- Cantonese  Khmer/Cambodian  Russian
- English  Korean  Spanish
- Hindi  Mandarin/Putonghua  Vietnamese
- 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.**

- African  Native American  Other: \_\_\_\_\_
- African American  Pacific Islander
- Asian  White/European
- Hispanic/Latino  Other White
- Middle Eastern  Decline to State

**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    Decline to State

**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.    Unknown

**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.    Unknown

### **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. Do you have previous experience in any of the following? (Check all that apply.)

Journalism    Radio    Film & Video    Web Design    Arts & Crafts  
 Performing Arts (Ex: dance, drama & spoken word)    Creative Writing (Ex: poetry and short story writing)

If you checked that you have previous experience, please describe your experience:

5. 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

6. 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: \_\_\_\_\_

7. What types of music do you like?

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

9. What other organizations do you belong to?

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

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

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

14. What are your career goals?

15. 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

16. 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

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



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