

LA Scholar (Valley) OneSource ECF Summer Youth Program Application

Applicant Information

Date:	Last Name:	First Name:	M.I
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Age:	Social Security #:
Phone#:		Cell Phone#:	
Current address:		City:	State: ZIP Code:
Email Address:			
UNITED STATES CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO			
If no , are you a permanent resident? <input type="checkbox"/> YES <input type="checkbox"/> NO Alien Registration #:			
Education Status/ School Status:			
Are you attending a year-round school? <input type="checkbox"/> NO <input type="checkbox"/> YES, where do you attend? _____			
Highest grade completed: _____ Present Grade: _____			

INFORMATION REQUIRED FOR FEDERAL REPORTING UNDER THE ECF SUMMER PROGRAM (Applicant)

Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____	Household Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____	Marital Status (applicant) <input type="checkbox"/> Single <input type="checkbox"/> Married # of Children _____	Selective Service (Only for Males 18 and older) <input type="checkbox"/> Yes <input type="checkbox"/> No Reg #: _____	Have you ever been convicted of a crime? (Confidential Information) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any disabilities (Physical, Emotional or Mental)? NO YES **If Yes**, Explain: _____

DOES YOUR FAMILY RECEIVE TEMPORARY AID FOR NEEDY FAMILIES (CalWORKs)? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES YOUR FAMILY RECEIVE FOOD STAMPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU RECEIVE GENERAL RELIEF? <input type="checkbox"/> YES <input type="checkbox"/> NO (Agency staff: requires additional followup.)	ARE YOU A FOSTER YOUTH IN KINSHIP CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Agency staff: requires additional follow up.)
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Emergency/ Alternate Contact

Name:	Relationship:		
Address:			
City:	State:	ZIP Code:	Phone:
Name:		Relationship:	
Address:			
City:	State:	ZIP Code:	Phone:

CERTIFICATION AND PARENTAL CONSENT (Required for all applicants between 14 and 17 years of age.)

I certify that all the information provided is true to the best of my knowledge. I am aware that the information that I have provided is subject to verification and that I may have to provide documents to support this information. I understand that falsification will be grounds for termination from the program and may result in action to recover any monies paid for participation in the program, and that I may be prosecuted for fraud and/or perjury.

The applicant has my permission to participate in all activities of the **ECF SUMMER PROGRAM**, including insured transportation to sites within the greater Los Angeles area. In the event of an emergency, I do hereby authorize and request emergency medical treatment be performed as necessary.

MEDIA/PHOTO/VIDEO Release: I hereby give my permission to the use of any photographs and videos that may be taken of me while participating in the **ECF SUMMER PROGRAM**. (Please initial here _____ after you have read this release)
 YES NO

Applicant Signature:	Date:
Parent/Guardian Signature:	Date: