

2017-18

Chippewa Valley Youth Apprenticeship Consortium

School District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for YA Program Enrollment

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| --- | --- |
| Student Name (First, MI, Last): |  |
| Student Date of Birth: |  |
| Student Grade (Fall 2017): |  |
| Student Home Address: |  |
| Student Home Phone: |  |
| Student Mobile Phone: |  |
| Parent/Guardian(s) Name(s): |  |
| Parent/Guardian(s) Mobile Phone: |  |

What is your career goal?

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Program Requested - *Check your selection*

|  |  |  |  |
| --- | --- | --- | --- |
| Program Area  | ✔ | Program Area | ✔ |
| Agriculture, Food & Natural Resources |  | Architecture & Construction |  |
| Art, A/V Technology & Communications |  | Finance |  |
| Health Science |  | Hospitality & Tourism |  |
| Information Technology |  | Manufacturing |  |
| STEM |  | Transportation, Distribution & Logistics |  |

What activities have you participated in that support your career goal? *Check all that apply.*

|  |  |
| --- | --- |
| Used web-based resources to explore career clusters (i.e. WisCareers, Career Locker, Career Cruising) |  |
| Extra-curricular activities |  |
| Job shadow |  |
| College Visit |  |
| Other - Describe |  |

List the high school courses that you have completed that you believe have helped you to prepare for your career goal.

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List school activities, community service activities, and/or organizations that you belong to.

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List the courses that you will be enrolled in for the 2017-18 school year.

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Do your parents/guardians support you in your decision to participate in the Youth Apprenticeship program?

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Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_