How to Apply

YouthBuild Charter School - Accepting Applications until 2/28/2014

For students aged 16-20 residing in Unit 5 School District:

- Currently enrolled Unit 5 students should talk with their counselor about YouthBuild.
- Out of School Students can download an application, or come to our office to fill one out. Applicants will be contacted prior to the next available enrollment with next steps.

YouthBuild Academy - Accepting Applications until 2/28/2014

For students aged 17-20 in the McLean County Area:

- Out of School Students can download an application, or come to our office to fill one out. Applicants will be contacted prior to the next available enrollment with next steps.

YouthBuild GED Program - Accepting Applications until 2/28/2014

For students aged 21-24 in the McLean County Area:

- Out of School Students can download an application, or come to our office to fill one out. Applicants will be contacted prior to the next available enrollment with next steps.

YouthBuild McLean County is an Equal Opportunity Program. Auxiliary aids and services are available upon request to individuals with disabilities. Please contact Leigha Adelsberger, by email at

http://youthbuildmcleancounty.org/wordpress/how-to-apply/
How to Apply | YouthBuild McLean County

lauelsberger(at)youthbuildmcleancounty.org, or by phone at 309-454-3898 for accomodations. Requests may also be made in person or by mail to YouthBuild McLean County, 360 Wylie Drive, Suite 305, Normal, IL 61761. Persons requiring TTY services may dial 711.

Students of YouthBuild Charter School and YouthBuild Academies will be provided all accommodations necessary to ensure they have access to and are able to equally participate in school-related activities.
# YouthBuild McLean County - Program Application

**PLEASE COMPLETE THIS ENTIRE APPLICATION**

## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Birthdate: _______</th>
<th>Age: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ________________________</td>
<td>Email: _____________</td>
<td>Gender: ☐ Male ☐ Female</td>
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<tr>
<td>Phone Number: _______</td>
<td>In Case of an Emergency Contact: __________________________</td>
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## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Marital Status: ☐ Single ☐ Married ☐ Divorced</th>
<th>Ethnicity: ☐ Non-Hispanic ☐ Hispanic</th>
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<tbody>
<tr>
<td>Race (Check one or more): ☐ White ☐ Black ☐ Asian ☐ American/Alaskan Indian ☐ Hawaiian/Pacific Islander</td>
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<td>Do you have any children? ☐ Yes ☐ No</td>
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<td>If Yes: Do your children... ☐ live with you ☐ live with someone else ☐ in DCFS</td>
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<tr>
<td>Child Care Facility (name, and phone number) __________________________</td>
<td>Do You Receive Assistance from CCRRN? _______</td>
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<td>DCFS/Baby Fold/Case Worker Name and Number __________________________</td>
<td>Do you have a mentor? ☐ Yes ☐ No</td>
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<tr>
<td>If Yes: What is their name and contact information? __________________________</td>
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## EDUCATION

| Do You Have Your GED or Diploma? ☐ Yes ☐ No | |
|---------------------------------------------||
| If Yes: From where? __________________________ | Year__________ |
| If No: Last School Attended __________________________ | Year__________ |
| Have you ever taken the GED? ☐ Yes ☐ No | Where? __________________________ |
| Subtests I have PASSED: ☐ Constitution ☐ Math ☐ Writing ☐ Literature ☐ Science ☐ Social Studies | |
| Do your parents or grandparents have a college degree? ☐ Yes ☐ No | |
HEALTH (OPTIONAL)

Do you have any health conditions or medications that we should be aware of? We are particularly concerned with protecting your safety and the safety of those around you while operating power tools or participating in physical activities.


Do you take any medication? 


Do you have any allergies? 


All applicants are expected to participate fully in all YouthBuild related activities, NO EXCEPTIONS, unless verified by a doctor.

LEGAL (You will NOT be penalized for honest answers. Backgrounds will be verified by fingerprinting.)

Juvenile Felony Convictions (and date) 

Juvenile Misdemeanor Convictions (and date) 

Adult Felony Convictions (and date) 

Adult Misdemeanor Convictions (and date) 

Dates of Incarceration (County or DOC) 

Currently On: ☐ Probation ☐ Parole ☐ Both Parole/Probation Officer(s) Name(s): 

Number: _______________________________ Length of Term Remaining on Either: _______________________________
### Household Income

Do You Live With:  
- [ ] Parents/Guardians  
- [ ] Other Family  
- [ ] Friends  
- [ ] Homeless  
- [ ] Foster Care  

Total People in House including you: __________  Of those: ______ are family, ______ are my children, ______ are friends  

Are you:  

**Receiving Public Assistance?** *(Please attach a copy of your card or other documentation.)*  
- [ ] LINK  
- [ ] TANF  
- [ ] Medical Card  
- [ ] Bloomington Township  
- [ ] Bloomington Housing/Section 8  
- [ ] Normal Township  
- [ ] Other Assistance (DCFS, Baby Fold, MCCA): ________________________________

**Currently Employed?** *(Please provide a W2, Tax statement, or recent paystub.)*  

Employer: ________________________________  Wages: ________________________________

**Have No Income?**  

I certify that I had no income from employment or government assistance. My income comes from the following source(s) and is estimated to be $___________ per year.

Sources: ________________________________

Signature: ________________________________  Date: ________________________________
YouthBuild McLean County - Program Application
PLEASE COMPLETE THIS ENTIRE APPLICATION

REFERENCES AND PERSONAL CONTACTS

Please List 5 different people whom we may contact if we are unable to locate you:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Address</th>
<th>Relationship</th>
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SIGNATURE

I attest that the information contained in this application is true to the best of my knowledge:

Name _______________________

Date

Parental Signature (if under 18) _______________________

Date
YouthBuild McLean County - Program Application
PLEASE COMPLETE THIS ENTIRE APPLICATION