



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

Want to build your own house?



www.ybmc.org

Thank you to our supporters:



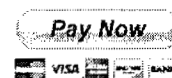
This institution is an equal opportunity provider and employer

Donate Now!

Choose one of our current needs, or create your own donation amount. Your support is greatly appreciated!

Transportation to School for a Week - \$5 ▾

Other Amount:



What we're talking about...

9/11 2013 Alumni Awards Basketball Bings
Blood Drive Charter Classroom
Community Construction
Disaster Donation Education

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.



Field Trips Friends of YBMC Garden
Global Youth Service Day Graduation
Hands On Lessons Instruction Juvenile Justice
Committee Leadership Media MLK Day
Partners Post Secondary Education
Recycling Red Cross Science
Service Sports State Farm Stoneman
Gardens Summer Jobs Support Unit 5
YouthBuild Coalition

YouthBuild McLean County - Program Application

PLEASE COMPLETE THIS ENTIRE APPLICATION

CONTACT INFORMATION

Name: _____	Birthdate: _____	Age: _____
Address: _____		
Phone Number: _____	Email: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
In Case of an Emergency Contact: _____		

PERSONAL INFORMATION

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic
Race (Check one or more): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American/Alaskan Indian <input type="checkbox"/> Hawaiian/Pacific Islander	
Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Do your children... <input type="checkbox"/> live with you <input type="checkbox"/> live with someone else <input type="checkbox"/> in DCFS	
Child Care Facility (name, and phone number) _____	
Do You Receive Assistance from CCRRN? _____	If yes, Monthly Co-Pay Amount _____
DCFS/Baby Fold/Case Worker Name and Number _____	
Do you have a mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: What is their name and contact information? _____	

EDUCATION

Do You Have Your GED or Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: From where? _____	Year _____
If No: Last School Attended _____	Year _____
Have you ever taken the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____	
Subtests I have PASSED: <input type="checkbox"/> Constitution <input type="checkbox"/> Math <input type="checkbox"/> Writing <input type="checkbox"/> Literature <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	
Do your parents or grandparents have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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: _____

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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

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REFERENCES AND PERSONAL CONTACTS

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

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

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 _____

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