

**SOUTH CENTRAL IOWA CAP, INC.  
YOUTH PROGRAM  
APPLICATION**

**Applicant Name** \_\_\_\_\_ **Date of App** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Phone** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Current Age** \_\_\_\_\_ **Present Grade Level** \_\_\_\_\_

**Sex: Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

<i>List Name of Every Person Living in Household</i>	<i>Relationship To Applicant (Mother, Father, Sister, Brother, Etc)</i>	<i>Source of Family Income</i>	<i>Monthly Gross Wages Before Any Deductions</i>

**TOTAL GROSS MONTHLY INCOME \$** \_\_\_\_\_

I hereby certify that the above information is correct and request to be certified eligible for the CSBG youth employment program pending income verification and basic intake completion.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

**APPLICANTS – DO NOT COMPLETE BELOW THIS LINE**

Applicant Status: Approved \_\_\_\_\_ Ineligible \_\_\_\_\_ by reason of \_\_\_\_\_

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date of Approval/Denial