



# Youth Apprenticeship application

This application must be completed by all applicants. Before you begin, save a copy of this PDF to your desktop. This form does not automatically save. Upon completion, students must fill out the skills checklist associated with their desired program.

## APPLICATION CHECKLIST

- Complete application (front and back of this sheet)
- Submit a transcript or have your counselor fill in GPA and absences (Students are allowed to add an explanation if there is a reason for excessive absence)
- Attach 2 letters of recommendation
- Complete skills form for your desired program (There is no skills form for logistics or finance. For students interested in marketing and management, please complete the hospitality skills form)
- Once all steps are complete, please communicate with your counselor who will make sure Brandon Peterson receives your application.

## APPLICANT INFORMATION

Name: First: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last: \_\_\_\_\_

Street address: \_\_\_\_\_ Apartment/unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_ Municipality (village, township, city): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Student E-mail address: \_\_\_\_\_

- Ethnicity:  African American  Asian  Caucasian  
 Hispanic  Native American  Other

## YOUTH APPRENTICESHIP PROGRAM AREA SELECTION

Youth Apprenticeship programs are offered in the following areas. Please check the program and area to which you are applying.

### TRADES

- Agriculture, Food & Natural Resources
- Auto Collision
- Auto Technology
- Drafting & Design – Engineering/  
Mechanical Design
- Industrial Equipment Technology
- Manufacturing/Machining
- Welding
- Wood Tech – Cabinetry/Construction

### BUSINESS

- Financial Services
- Graphic Arts
- Information Technology
- Lodging, Hospitality and Tourism
- Logistics Business Management

### HEALTH SCIENCE

- Certified Nursing Assistant
- Dental Assistant
- Dietary
- Laboratory
- Medical Assistant
- Medical Office
- Optician
- Pharmacy Technician
- Physical Therapy

If you are not accepted into the program listed above, is there a secondary area you would consider?  YES  NO

If yes, please list: \_\_\_\_\_

continued on next page...

**EDUCATION** (to be completed by your school-to-career coordinator or attach transcript)

High school: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Total days absent (excused and unexcused): Freshman year: \_\_\_\_\_ Sophomore year: \_\_\_\_\_ Junior year: \_\_\_\_\_

Comments: If there is an explanation that you want to include regarding your absences, please include it in this space.

**REFERENCE INFORMATION**

You are required to have two letters of recommendation. These letters of recommendation should be from individuals who you are not related to and should focus on one or more of the following areas:

- ✓ Specific skills you have related to your program of choice
- ✓ Ability to communicate with others
- ✓ Enthusiasm and attitude towards learning (academic and/or program specific)
- ✓ Teamwork
- ✓ Problem solve and think critically
- ✓ Professionalism in school and/or the work setting

Provide the names of whom you have asked to complete your recommendation:

*\* Do not forget to attach the two letters of recommendation.*

**Recommendation 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Recommendation 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father's name: \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's name: \_\_\_\_\_ Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of person (parent/guardian) with whom student resides: \_\_\_\_\_

**Parent/ Guardian Approval:** \_\_\_\_\_ (son/daughter name) has my permission to participate in the Youth Apprenticeship program if accepted. I, \_\_\_\_\_ (parent/guardian name) understand that transportation is not the responsibility of the Youth Apprenticeship Program. It is also my understanding that all classes and books will be paid for but that does not include any clothing, class materials, program registration (specifically for the nursing program), or additional post-employment training requirements either at the place of higher education or at the employer.

**Parent's signature:** \_\_\_\_\_

## ADDITIONAL INFORMATION

### Transportation

How many miles will you be willing to drive for your apprenticeship? \_\_\_\_\_ miles

### Time Commitment

Please list any other time commitments you have that would impact your work schedule (ex: sports/clubs)

Name of Activity	Months Active	Days/Hours Participated

### Employers

Please list any local employers you believe would be a good fit for your apprenticeship.

Name of company: \_\_\_\_\_ Contact (email): \_\_\_\_\_

Name of company: \_\_\_\_\_ Contact (email): \_\_\_\_\_

Name of company: \_\_\_\_\_ Contact (email): \_\_\_\_\_

Name of company: \_\_\_\_\_ Contact (email): \_\_\_\_\_

Name of company: \_\_\_\_\_ Contact (email): \_\_\_\_\_

### Program Future (*Juniors Only*)

Are you interested in continuing your apprenticeship your senior year?

YES

NO

### Other

is there anything else you would like to tell us or employers about yourself?

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**Thank you!**