



## COOL Directions 2014-2015 Application

The COOL (Careers of Our Lives) Directions program offers:

- Career and educational guidance, job seeking skills and portfolio development
- Driver's education funding/sponsorship and basic skills tutoring
- Work Based Learning Experiences including internships & job shadowing

### INSTRUCTIONS

Please print and complete all sections of the application in ink. Also complete the required attachments listed on page 4 and attach to this application.

**Completion of this application does not guarantee a slot in the program.**

**Applicants Must:**

- be U.S. citizens, or non-U.S. citizens allowed to work;
- attend New London High School, Science & Technology Magnet High School, Ella T. Grasso Technical High School
- be a senior (juniors will be considered if there are openings);
- meet the income guidelines and have at least 1 barrier to employment as described below.

Income Guidelines (check one or more):

- Recipient of Temporary Assistance for Needy Families (TANF) or State Administered General Assistance (SAGA)
- Is a member of a household that receives (or has been determined within the 6-month period prior to application for the program involved) to be eligible to receive food stamps
- Qualifies as a homeless individual
- Is a foster child
- Is an individual with a disability (has an IEP on file or a physical disability)
- Received an income, or is a member of a family that received a total family income that does not exceed the following:

Family Size:	1	2	3	4	5	6	Add for each additional person
Annual Income: Metro	\$11,670	\$17,265	\$23,695	\$29,251	\$34,522	\$40,369	Add \$6,118
Annual Income: Non-Metro	\$11,670	\$17,094	\$23,466	\$28,962	\$34,181	\$39,967	Add \$5,786

Barrier (check at least one):

- Youth Needs Additional Assistance
- Basic Literacy Skills Deficient (youth will be tested during intake to determine)
- Homeless, runaway, or foster child;
- Offender;
- Pregnant or Parenting youth;
- Locally Identified Barrier: Youth from Single Parent Family



COOL Directions 2014-2015 Application

1. GENERAL INFORMATION

Name \_\_\_\_\_  
First Name Middle Last Name

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. DEMOGRAPHIC INFORMATION

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM/DD/YYYY

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender  Male  Female

What is your race? Please check all that apply.

- Black  Asian  American Indian or Alaska Native
- White  Some other race  Native Hawaiian or Other Pacific Islander

Are you Hispanic or Latino?  Yes  No

If yes, please specify one ethnicity below:

- Hispanic  Puerto Rican  Mexican  Chicano
- Latino  Cuban  Mexican American  Other

3. ACADEMIC INFORMATION

Grade Level \_\_\_\_\_ What school do you currently attend? \_\_\_\_\_

4. PROGRAM HISTORY

Have you ever participated in the Summer Youth Employment Program?

- Yes  No



**COOL Directions 2014-2015 Application**

**5. CAREER INTERESTS**

WORK EXPERIENCE, SKILLS, INTERESTS OR PERSONAL ATTRIBUTES THAT YOU HAVE:

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**6. REFERENCES**

Please list three people who have closely observed your work as an employee or student.

Name	Position	Address	Telephone

**8. INCOME QUALIFICATION**

**\*\* Only complete this section if you do not receive food stamps (SNAP) or TANF \*\*. You will be required to submit two recent pay stubs for all members of the household that are working. In addition, to prove family size, please include a copy of each family/household member's birth certificate.**

Family income	\$ _____	Poverty Income <sup>1</sup>		
		Family size	Metro	Non-Metro
Family size (number of family members)	_____	1	\$11,670	\$11,670
		2	\$17,265	\$17,094
		3	\$23,695	\$23,466
		4	\$29,251	\$28,962
		5	\$34,522	\$34,181
		6	\$40,369	\$39,967
EWIB Partners may verify your eligibility during the application process or during the program. This includes requesting documentation such as pay stubs to verify that the above information is correct.		<p><i>For families with more than 6 persons, each additional person = the difference between amounts for 5 and 6 person families.</i></p> <p>Please attach copies of two recent pay stubs to determine eligibility.</p>		



### COOL Directions 2014-2015 Application

#### PLEASE READ CAREFULLY BEFORE SIGNING

I understand and authorize the release of this information to the Eastern Connecticut Workforce Investment Board Partner Agencies for regulatory and internal processes associated with employment, payroll, and funding. I certify that all of the information in application is true and correct to the best of my ability and that all income is reported. I understand that the Eastern Connecticut Workforce Investment Board Partner Agencies may verify any information contained in this application.

I understand that this application must be submitted with the required forms and copies of supporting documentation. Please refer to page 2 of the I-9 Form for other acceptable forms of identification.

**CHECKLIST: The following items are required for your application to be complete.**

The following forms should be completed, signed, and attached to this application:

- School Release Form (attached)
- Medical Release Form (attached)
- DSS Release Form (attached)

Copies of the following items should be attached to this application:

- Social Security Card
- 1<sup>st</sup> Semester Report Card or school transcript
- Birth certificate

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature  
*(Required if applicant is under 18 years old)*

\_\_\_\_\_  
Date

**Completed applications should be returned to:**

New London Youth Affairs, Andy Grimotes  
120 Broad Street, New London, CT 06320  
Phone: (860) 442-4994  
E-mail: agrimotes@ci.new-london.ct.us



SCHOOL RELEASE FORM

COOL DIRECTIONS PROGRAM 2014 - 2015

REQUEST FOR RELEASE OF RECORDS

To be completed by student and parent/guardian:

I hereby give permission for \_\_\_\_\_ to release copies

Applicant's current school

of the school records of \_\_\_\_\_ to the

Applicant's name

COOL Directions Program for the purpose of his/her application to the program. Such records include, but are not limited to, verification of enrollment in school and proof of residency/address. I understand that all records provided to the COOL Directions Program will be maintained on a confidential basis.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date



# MEDICAL RELEASE FORM

## Youth Employment Form 2014-15

This form will cover all Youth Employment Program 2014-15 activities.

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent/Guardian Work Telephone Number: \_\_\_\_\_ Home/Cell Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Telephone Number : \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in all Youth Employment activities and field trips. I understand that the Youth Employment staff may, if necessary for my child's health, have him/her hospitalized or use outside medical aid in case of an emergency. This treatment would be at the parent's/guardian's own expense.

Date: _____	Signature: _____
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List any allergies and specify degree and severity:

Please describe any work restrictions or health concerns that may hinder work activity:

Please list any medications that will accompany your child to the site or during any Youth Employment Program activity. (Youth must be able to administer medication to him/herself)

<u>Name of medication</u>	<u>Dosage</u>	<u>How often</u>
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Date: _____	Signature: _____
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## Department of Social Services Records Release

Name \_\_\_\_\_ S.S. Number \_\_\_\_\_

I authorize the release of demographics, income and employment information from the Department of Social Services database for the purpose of eligibility determination and participation in Workforce Investment Act or other job training programs.

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

X \_\_\_\_\_  
Parent's Signature (If Under 18)

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Date