

Atlanta Urban Corps

application

ENROLLMENT IN <input type="checkbox"/> SUMMER PROGRAM <input type="checkbox"/> ACADEMIC YEAR	AVAILABLE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	PREVIOUSLY EMPLOYED IN URBAN CORPS. <input type="checkbox"/> NO IF YES, DATE:	FOR OFFICE USE ONLY COLLEGE INTERN NO.	
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PLEASE PRINT

PERSONAL	NAME (Last) (First) (Middle)		
	PERMANENT ADDRESS (City & State) (Zip Code)	TELEPHONE (Area Code)	
	ADDRESS DURING INTERNSHIP (City & State) (Zip Code)	TELEPHONE (Area Code)	
	DATE OF BIRTH	SOCIAL SECURITY NO.	
EDUCATIONAL	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married		DEPENDENTS
	COLLEGE	MAJOR FIELD OF STUDY	DEG. SOUGHT
	ACADEMIC LEVEL (Summer Applicants Use Fall Level) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		DEGREE DATE
	GRADUATE STUDENT <input type="checkbox"/> Under Grad. Major:		
	FOREIGN LANGUAGE(S) 1. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write 2. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write		
PAST EMPLOYMENT (Part or Full Time)	AVERAGE (Circle) A B C D	SCHOLASTIC HONORS	
	EMPLOYER	DATE From To	SALARY
	JOB TITLE AND DUTIES		
	EMPLOYER	DATE From To	SALARY
	JOB TITLE AND DUTIES		
	EMPLOYER	DATE From To	SALARY
JOB TITLE AND DUTIES			
If you have participated in Urban Corps circle letter of previously listed "Past Employment" position to which you would like to return. (if any) (Circle One) A B C			
WORK ASSIGNMENT	PREFERENCE (List in order of interest - See Index for position title and no.)		
	TITLE		CODE NO.
SKILL, INTEREST, ETC.	NEIGHBORHOOD PREFERENCE		AVAILABLE EVENINGS <input type="checkbox"/> Yes <input type="checkbox"/> No
			AVAILABLE WEEKENDS <input type="checkbox"/> Yes <input type="checkbox"/> No
	RELEVANT COURSE(S) - TITLE (In Assignment Area)		
	SPECIAL SKILLS (Include machines you can operate)		
	HOBBIES		
	EXTRA CURRICULAR ACTIVITIES		
FUTURE CAREER PLANS			

If Additional Space is Required Attach a Blank Sheet for Expansion. Place Your Name and College At top of Each.

IN EMERGENCY CONTACT	NAME (Last)	(First)	(Middle Initial)	RELATIONSHIP
	STREET ADDRESS		(City & State)	(Zip Code)
				TELEPHONE (Area Code)

FINANCIAL	The Minimum Amount I must earn this summer to remain in school is \$ _____.
	My Parents Total Income is \$ _____.
	I would <input type="checkbox"/> would not <input type="checkbox"/> consider working in the Atlanta Urban Corps as a volunteer.

STUDENT CERTIFICATION

I, the above named applicant, hereby certify that I am enrolled, or accepted for enrollment, as a full-time student at the institution named. As an ATLANTA URBAN CORPS intern I understand that as an employee of the agency for whom I work I will be expected to perform my assignment in a mature and responsible manner, and will comply with the requirements of the assignment and the instructions of my supervisor. I understand that I may be removed from my assignment and from the Atlanta Urban Corps if I do not perform my work in a proper manner or otherwise do not comply with the regulations of the Atlanta Urban Corps.

(Signature)

(Date)

COLLEGE CERTIFICATION

I, the duly authorized College Work-Study Coordinator of the institution named in this application, hereby authorize the employment of the above named applicant by the Atlanta Urban Corps under the terms of the Agreement entered into between said institution and the Atlanta Urban Corps for the conduct of a work-study program under the Federal College Work-Study Program, as provided by the Economic Opportunity Act of 1964, as amended.

I hereby certify that said institution will provide that portion of the applicant's compensation as provided in said agreement, and that the applicant has been informed of his obligations and limitations under the Work-Study program.

(Authorized Signature)

(Title)

(College)

(Date)

INSTRUCTIONS (Read Carefully)

Complete the top section of the application form. Check "Summer Program" only when application is made for the summer period. Check "Academic Year Program" for the period from the middle of September through the middle of June.

Check either "Part-Time" or "Full-Time" in accordance with the Federal regulations regarding the Work-Study Program. For periods during which you will not be attending classes, you may work full time.

PERSONAL SECTION: "Address during internship" refers to the address where you can be contacted during the period of your internship. Correspondence during the internship period will be mailed to this address. You must include Zip Code for each address.

EDUCATIONAL SECTION: "College" refers to the institution which certifies your application. If you are graduating or transferring schools, indicate your new college.

PAST EMPLOYMENT SECTION: Include all previous employment. Include in the section any prior Urban Corps internships.

WORK ASSIGNMENT SECTION: Select four categories of interest from the Index of Assignment Categories, and list them in the order of preference.

CERTIFICATIONS: Please read certifications carefully.

FOR OFFICE USE ONLY					
ASSIGNMENT CODE NO.	REASSIGNED	TRANSF.	Date Received	Checked By	Date Payrolled
			Distribution Code	Pay Rate	Withdrawn
			Incomplete		
			RETURNED _____ TO <input type="checkbox"/> College <input type="checkbox"/> Student (Date)		