



San Diego Urban Teacher Fellows Program



Application Form

Name:	Date of Birth:	Age:
Current Address:	City:	State: Zip:
Cell #:	Alternate #:	
Email:	Gender:	
Social Security Number:	How did you hear about our program?	

Ethnicity (Please Check Any and All that Apply):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> White – Not Hispanic | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black – Not Hispanic | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Other Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other: _____ |

<p>Are you a United States Citizen?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - If No, do please provide Alien Registration #: _____</p>	<p>If MALE, are you registered with the Selection Service?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Are you a Veteran? ____ Yes ____ No</p>	<p>Is your spouse a veteran? ____ Yes ____ No</p>

Please check any that apply to you: *Low Income Not Required*

- Subject to the juvenile or adult justice system
 ____ Check YES IF: you've been arrested
 ____ Felony ____ Misdemeanor ____ Parole ____ Probation
- In Foster Care
- Aged out of the Foster Care System
- Homeless *Check YES IF: You live in a shelter OR do not have a regular sleeping place OR live on a couch

- Runaway Youth
- Out of Home Placement
- Pregnant or Parenting
- Living in High –Poverty Area *determined by UTF Staff/Geo Code*

Income Verification

Public Assistance received by yourself or family member: (Please Check all that applies)

- TANF SSI General Assistance Cash Public Assistance
- SSDI SNAP formerly known as Food Stamps
- Other, specify: _____

<p>Were you claimed as a dependent on anyone’s federal income tax return for 2014?</p> <p><input type="checkbox"/> Yes – By Whom: _____</p> <p><input type="checkbox"/> No</p>	<p>Did YOU file a federal income tax return for 2014?</p> <p><input type="checkbox"/> Yes Did you claim anyone other than yourself, if so, who? _____</p> <p><input type="checkbox"/> No (I did not work /file taxes)</p>						
<p>Family Income Bracket:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Less than \$25,000</td> <td style="width: 50%;"><input type="checkbox"/> \$36,000 - \$40,000</td> </tr> <tr> <td><input type="checkbox"/> \$26,000 - \$30,000</td> <td><input type="checkbox"/> \$41,000 - \$45,000</td> </tr> <tr> <td><input type="checkbox"/> \$31,000 - \$35,000</td> <td><input type="checkbox"/> \$46,000 +</td> </tr> </table>		<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$36,000 - \$40,000	<input type="checkbox"/> \$26,000 - \$30,000	<input type="checkbox"/> \$41,000 - \$45,000	<input type="checkbox"/> \$31,000 - \$35,000	<input type="checkbox"/> \$46,000 +
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<input type="checkbox"/> \$31,000 - \$35,000	<input type="checkbox"/> \$46,000 +						
<p>Name of Immediate Family Members Living with You:</p> <p>Parents: _____</p> <p>Brothers (Ages): _____</p> <p>Sisters (Ages): _____</p> <p>Spouse: _____</p> <p>Dependents - Children (Ages): _____</p> <p>Other: _____</p>							

Employment Background

Currently Employed? <input type="checkbox"/> Yes – If so, How many hours/week _____ Hourly Rate _____ <input type="checkbox"/> No (not employed)		
Name of Current Employer:	How long employed?	Position Title:
Describe Daily Duties:		
Career Goals:		

Educational Background

Name of High School Attended:	From (Date)	To (Date)	G.P.A.	H.S. Diploma or Equivalent?

Have you applied for the Free Application for Federal Student Aid (FAFSA)?

- Yes No Application Pending Other, specify: _____

Are you receiving or have you been notified you will be receiving Pell Grant monies?

- Yes No Application Pending Other, specify: _____

Please Check Any That Apply to You *Barrier to Employment*

- Limited English Proficiency**
CHECK YES IF: You have a limited ability to speak, read and write English.
- Disabled (includes IEP)**
CHECK YES IF: If you have an Individualized Education Plan (IEP) OR a physical or mental impairment that affects major life activities.
CHECK YES IF: You've attended counseling
CHECK YES IF: You have Diabetes
CHECK YES IF: You have been diagnosed with Anxiety
CHECK YES IF: You have been diagnosed with Depression
CHECK YES IF: You are on any medications
- Gang Affiliation**
CHECK YES IF: You are in or wish to be in a gang OR have gang-related tattoos OR have family members associated with a gang.
- Immigrant or Refugee**
CHECK YES IF: You are a permanent resident alien.

- Family history of chronic unemployment**
CHECK YES IF: You or your parents have been unemployed or only working part-time within the past year.
- Reside in area of high crime, poverty or unemployment**
- Substance abuse issue or history**

- Parent/Guardian currently incarcerated**
CHECK YES IF: Either of your parents or guardians is currently in jail.

- 1st Generation High School Grad**
CHECK YES IF: Neither of your parents graduated with a high school diploma.
- Raised by someone other than your biological parent**

Additional Barriers Check All That Apply to You

- Limited Childcare**
- Limited Transportation**
- Victim of Spousal Abuse**
- Limited Work Experience**
- Poor Work History**

References/ Contacts

Please provide two references (One professional/school related and one personal):

Name/Title:	Relationship:	Phone #:	Email:
Name/Title:	Relationship:	Phone #:	Email:

Please provide two emergency contacts:

Name/Title:	Relationship:	Phone #:	Email:
Address:			
Name/Title:	Relationship:	Phone #:	Email:
Address:			

The information and documents I have provided on and for this application are true and correct to the best of my knowledge. I understand that if I have provided false information or documents, I can be terminated from the San Diego Urban Teacher Fellows Program and I can be prosecuted under the law and required to pay back any money spent on me as an Urban Teacher Fellows participant. My signature below indicates that I understand the information contained on this form.

Applicant Signature: _____ **Date:** _____

YMCA Staff Signature: _____ **Date:** _____

OFFICE USE ONLY			
Geo Code:	Geo Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	High Poverty: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Metro: <input type="checkbox"/> Yes <input type="checkbox"/> No	CalJobs: <input type="checkbox"/> Yes <input type="checkbox"/> No		