

Urban Youth Action, Incorporated

Warner Centre
333 Forbes Avenue, 1st Floor Pittsburgh, PA 15222
Phone (412) 391-7807 Fax (412) 391-7810

Enrollment Application

PLEASE PRINT CLEARLY.

Application Date _____ How did you hear about UYA? _____

Last Name _____ First Name _____ MI _____

Male _____ Female _____

Social Security # _____

Date of Birth/ Month, Day, Year _____

Address _____ Apartment # _____

City _____ State _____ Zipcode _____

Neighborhood _____ Home Phone # _____

Family Size _____

Education

School Currently Attending _____ School Phone # _____

Expected Year of High School Graduation _____ Grade Currently In _____

Curriculum (general, academic, business) _____

Favorite Subjects _____

Extracurricular Activities (school clubs, student government, sports, etc.) _____

Will any of your extracurricular activities prevent you from full participation in UYA events after school, occasional evenings, weekends? Yes _____ No _____ If yes, please explain.

Special Skills _____

Current Career Goal _____

Plans After High School Graduation _____

Employment History

Have you ever been employed? Yes _____ No _____ If yes, complete the following.

Employer _____

Address _____

City _____ State _____ Zipcode _____

Supervisor's Name _____ Phone # _____

Your Position _____ Duties _____

Employment History (con't)

Employer _____
Address _____
City _____ State _____ Zipcode _____
Supervisor's Name _____ Phone # _____
Your Position _____ Duties _____

Emergency Information

In case of emergency, please notify: (please give two)

Name _____ Relationship _____
Address _____
City _____ State _____ Zipcode _____
Home Phone _____ Work Phone _____

.....
Name _____ Relationship _____
Address _____
City _____ State _____ Zipcode _____
Home Phone _____ Work Phone _____

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Preferred Hospital _____ Family Doctor/Phone _____

We, the undersigned, understand that enrollment in Urban Youth Action, Inc. requires parental/guardian permission, a social security number and my commitment to becoming a socially responsible young adult.

We also certify that the information contained on this application is true and that all items have been completed to the best of our ability. Please sign and date this application in the spaces below.

Student Signature Date

Parent/Guardian Signature Date