



To be eligible for the program the youth participants must be the ages of 16 to 24 and meet 1 of the following eligibility requirements:

- A youth with a disability; or
- A Lincoln's Challenge Academy Graduate; or
- Be served under one of the following programs, or meet the income requirement:
 - National School Lunch Program,
 - Workforce Investment Act,
 - Food Stamp / SNAP Program,
 - Temporary Assistance for Needy Families,
 - Court-involved or at at-risk youth, or
 - Family income is below 200% of the Federal Poverty Level (FPL).

By completing the application you are:

- Logging into or creating an Illinois workNet account.
- Providing information that will be reviewed by SYEP program staff to determine if you are eligible for the program.
- Allowing SYEP program staff to view information needed to meet program requirements.

To enroll in the program, you will be required to show proof that you meet program requirements. You will also need to complete an I-9 form prior to being placed at a worksite.

If you are under the age of 18, you will need to provide your parent or legal guardian's contact information.

By completing the application you agree to the requirements for potential participation and certify that the information you provide is accurate to the best of your knowledge.

Once complete, print the application summary for your records.

Red text indicates fields/questions that require a response.

Youth Participant Applicant Eligibility Information

1) **Date of Birth:**

- 2) **Do you currently receive service from any of the following programs? (Select all that apply)**
- National School Lunch Program (During most recent school year.)
 - Workforce Investment Act (WIA)
 - Food Stamp/SNAP Program
 - Temporary Assistance for Needy Families (TANF)
 - Court-involved or at-risk youth



- I am not receiving services from these programs

3) For your size family, does your family earn less than the following incomes listed below?
(Please Select One)

- Yes
- No

Persons in family/ household	Income
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180

4) Are you a youth with a disability?

- Yes
- No

5) Did you graduate from Lincoln's ChanlleNGe Academy? (Select One)

- Yes
- No

Youth Participant Applicant and Account Information

User name	
Email	
Password (Must have 8 and 20 characters with no spaces, a lowercase letter, an uppercase letter and a number.)	



Secret Question (Select One)	What is the name of your favorite pet? What was the name of your elementary school? In what city were you born? What is your mother's maiden name? What is your workNet centre location?
Secret Answer	
View Terms and Conditions-	In the application, you are required to click to agree to the terms before you can proceed. http://www.illinoisworknet.com/vos_portal/advisors/en/admin/terms/termsconditions.htm

First Name	
Middle Initial	
Last Name	
Street Address 1	
Street Address 2	
City	
State	
Zip Code +4 (For example 62707-5498)	If you don't know the last four digits, you can look them up using this link: https://tools.usps.com/go/ZipLookupAction!input.action)
Birth Date	
Phone 1	
Phone 1 Number Type (Select One)	Mobile / Home / Work
Phone 2 Number	
Phone 2 Number Type (Select One)	Mobile / Home / Work



Your Facebook Link/Address	
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Select the organization that you will be working with this summer. (Select One)

Note: This program may not be available in your area. Look at the city to make sure the location is near you.

Youth Participant Personal Information

- 1. Gender (Select One)
 - a. Female
 - b. Male
 - c. Prefer Not to Answer

- 2. Social Security Number (Last 4 numbers only) _____

- 3. Military Status (Select One)
 - a. Yes- for Veteran
 - b. No- non-Veteran
 - c. Qualified Military Spouse
 - d. Transitioning Service Member
 - e. Prefer Not to Answer

- 4. Disability Status (Select One)
 - a. None
 - b. Yes
 - c. Disability Affecting Employment
 - d. Developmental Disability
 - e. Learning Disability
 - f. Prefer Not to Answer

- 5. Ethnicity (Select One)
 - o Hispanic
 - o Non- Hispanic



6. Race (Select all that apply.)

- a. White/Caucasian
- b. Asian
- c. Hawaiian or Pacific Island
- d. Black/African American
- e. American Indian or Alaskan Native
- f. Prefer Not to Answer

7. Education (Select One)

- a. Drop out
- b. High School Student
- c. High School Graduate
- d. GED
- e. Post High School Student
- f. College Graduate

8. Family Type (Select One)

- a. Single Parent Female
- b. Single Parent Male
- c. Two Parent Household
- d. Single Person
- e. Two Adults no Children
- f. Other

9. Housing (Select One)

- a. Homeless
- b. Rent
- c. Own

10. Other (Select all that apply)

- a. Convicted of a Felony or Misdemeanor
- b. Immigrant
- c. Limited English
- d. Migrant Worker
- e. Registered as a Sex Offender
- f. None of these apply to me

Parent/guardian information required for youth applicants under 18 years old.



Parent or Legal Guardian Contact Information:

First Name	
Middle Initial	
Last Name	
Street Address 1	
Street Address 2	
City	
State	
Zip Code +4 (For example 62707-5498)	If you don't know the last four digits, you can look them up using this link: https://tools.usps.com/go/ZipLookupAction!input.action
Phone 1	
Phone 1 Number Type (Select One)	Mobile / Home / Work
Phone 2 Number	
Phone 2 Number Type (Select One)	Mobile / Home / Work
Email:	

How did you find out about SYEP 2014? (Select all that apply)

- Facebook
- Friend/Family
- Government/Community Center
- Government/Community Website
- LinkedIn
- Newspaper
- Radio or TV
- Twitter
- Other