

Wisconsin Youth Apprenticeship *Interest Form*



Student Information

First Name		Middle Name/Initial	Last Name
Street Address			SSN (Social Security Number) - - - - -
City, State	Zip Code	Home Phone	
Date of Birth	Gender	Race	SSN remains confidential and is ONLY used for evaluation of the YA program
Parent/Guardian First Name		Parent/Guardian Last Name	

What is the best way to contact you? (please check one)

<input type="checkbox"/>	Home Phone	
<input type="checkbox"/>	Cell Phone	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Facebook	Screen name:
<input type="checkbox"/>	Other	

Please return completed form to:

**CEP, Inc.
YA Program
P.O. Box 616
Ashland, WI 54806**

OR to your school Guidance Counselor

For more information about YA:
<http://dwd.wisconsin.gov/youthapprenticeship/>

School Information

High School Name	Expected H.S. Graduation Date	Current Grade Point Average (GPA)
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Program Information

What program area are you interested in completing an apprenticeship in? (please check one)

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Agriculture, Food & Natural Resources | <input type="checkbox"/> Arts, AV & Communication Technology | <input type="checkbox"/> Transportation, Distribution & Logistics | <input type="checkbox"/> Health Science | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Science, Technology, Engineering & Math | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Hospitality, Lodging & Tourism | <input type="checkbox"/> Manufacturing |

Why would you like to participate in the Youth Apprenticeship Program? What do you hope to gain from your experience?

Please complete employment information on the other side →

Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <i>No</i> , what type of job interests you?
If <i>Yes</i> , who is your employer?	What is your current job title/job responsibilities?
What is your supervisor's name?	Contact information for your supervisor:

Related Technical Instruction/Classes

What classes are you currently or will you be taking that relate to your job/chosen Youth Apprenticeship Program area?



Thank you for your interest in the Wisconsin Youth Apprenticeship Program



Office Use Only:

IEP	At-Risk
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

Date Received:

Program Area: