Wisconsin Youth Apprenticeship Interest Form

Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name/Initial</th>
<th>Last Name</th>
</tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>City, State</th>
<th>Zip Code</th>
<th>Home Phone</th>
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<table>
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<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race</th>
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<thead>
<tr>
<th>Parent/Guardian First Name</th>
<th>Parent/Guardian Last Name</th>
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What is the best way to contact you? (please check one)

- Home Phone
- Cell Phone
- Email
- Facebook
- Screen name:
- Other

School Information

<table>
<thead>
<tr>
<th>High School Name</th>
<th>Expected H.S. Graduation Date</th>
<th>Current Grade Point Average (GPA)</th>
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Program Information

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

- Agriculture, Food & Natural Resources
- Architecture & Construction
- Arts, AV & Communication Technology
- Science, Technology, Engineering & Math
- Transportation, Distribution & Logistics
- Information Technology
- Health Science
- Hospitality, Lodging & Tourism
- Finance
- Manufacturing

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

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/

Please complete employment information on the other side
Are you currently employed?

☐ Yes
☐ No

If No, what type of job interests you?

If Yes, 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:

Date Received:

Program Area:

IEP  |  At-Risk
-----|------
☐ Yes | ☐ Yes
☐ No  | ☐ No