



# THE GRIT PROJECT

## SUMMER PROGRAM Application Form

For Office Use:	Y	N
Application Date	_____	
County	_____	
Fund	_____	
Program	_____	
Assessment Completed / Coached	_____	
Staff Initials	_____	

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Alternate Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

High School Graduation Date? \_\_\_\_\_ Name of High School \_\_\_\_\_ County \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Name of Employer \_\_\_\_\_

What is your Current Employment Status:

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Student \_\_\_\_\_ Self-employed \_\_\_\_\_ Armed Forces \_\_\_\_\_ Other: \_\_\_\_\_

Estimated Family Annual Income: \_\_\_\_\_

How many people are in your household/family? \_\_\_\_\_

Does Your Family Receive Public Assistance? \_\_\_\_\_

Have you requested funding for this training or work experience through OhioMeansJobs (OMJ) or Job and Family Services (JFS)? \_\_\_\_\_

Are you involved in the Foster Care system currently or have been in the past? \_\_\_\_\_

Are you currently working with OhioMeansJobs or youth employment program in your county? \_\_\_\_\_

If yes, what county? \_\_\_\_\_ Which staff member? \_\_\_\_\_

Please indicate any special accommodations you need: \_\_\_\_\_

### SUMMER PROGRAM INFORMATION

Summer Program: \_\_\_\_\_

Program Provider: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(if applicant is under age 18 years old)

Date \_\_\_\_\_



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## REFERRAL/RELEASE OF INFORMATION & USE OF IMAGE

Professional Ethics and The GRIT Program prohibit the exchange of information concerning an individual without written permission. In the case of a minor, the parent or legal guardian must grant permission.

Applicant's Name: \_\_\_\_\_

I hereby authorize and direct The GRIT Program to release information via phone, mail, email or fax to potential employers (internships, work experience, full or part time work) during my participation in the program.

I am also acknowledging permission to use my photo, taken at GRIT sponsored programs or events, to be used as part of the marketing of the GRIT in various publications, digital posts, and emails (this list is not meant to be inclusive).

I understand the use of my Personal Identifiable Information (PII) will be used only for providing services and funding source requirements.

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\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

Office Use:

Program \_\_\_\_\_ Date(s) \_\_\_\_\_

Location \_\_\_\_\_ Fund \_\_\_\_\_