

The Georgetown Project



THE GEORGETOWN PROJECT
Leaders In Youth Development Since 1997

Summer Youth Employment Program (SYEP) Internship Application-2020

IDENTIFICATION

Name: _____ Male Female
Address: _____
Phone: _____ Email: _____
Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____
Emergency contact: _____ Phone: _____
Type of job desired and why: _____

FORMAL EDUCATION

School most recently attended: _____
Address: _____
Dates Attended: _____ Expected Graduation Date: _____
Grade level 2018-2019 School Year: Freshman Sophomore Junior Senior
Activities, honors, clubs, sports: _____

REFERENCES

Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Any Medical Condition that TGP/employer needs to be aware of:

What experiences have you had that would prepare you for your first job? _____

Please explain your reasons for applying for the SYEP Internship: _____

What would you like to learn/What skills would you like to develop? _____

Have you ever been convicted of a crime? YES NO

If yes, please explain: _____

Do you agree to complete a background check? YES NO

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For more information, please contact:
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