

PURPOSE: The purpose of the *Stepping Stones Program Fund* is to recruit recently graduated high school students from low-income, high-needs schools in DCPS and the greater Jacksonville area, and to utilize innovative, accelerated workforce training strategies for employment into high-growth and high-wage careers in fields such as Information Technology, Logistics and Health Care, and to assist with continuing education and advancement after employment.

SECTION I: PERSONAL INFORMATION

DATE _____

NAME _____

DATE OF BIRTH _____ / _____ / _____ **AGE** _____
MM DD YYYY

ETHNICITY African-American Asian American-Indian Hispanic Multi-ethnic or Bi-racial
 Native Hawaiian/Pacific Islander White

GENDER Female Male Other

LAST 4 OF SOCIAL SECURITY # _____

PHONE # _____ **EMAIL** _____

FACEBOOK HANDLE _____ **INSTAGRAM HANDLE** _____

MAILING ADDRESS

STREET _____

CITY/STATE/ZIP CODE _____

PARENT/GUARDIAN/EMERGENCY CONTACT NAME _____

EMAIL _____

PHONE NUMBER _____

CITIZENSHIP STATUS: Are you a Citizen, National or Permanent Resident of the United States? Yes No

FLORIDA RESIDENCY: Have you or your parents/guardians lived in Florida for at least 12 consecutive months? Yes No

SECTION II: EMPLOYMENT

ARE YOU CURRENTLY WORKING? Yes No I am currently looking for a job Full Time Part Time

Where? _____

SECTION III: GRADUATING HIGH SCHOOL

HIGH SCHOOL	<input checked="" type="checkbox"/>	HIGH SCHOOL	<input checked="" type="checkbox"/>	HIGH SCHOOL	<input checked="" type="checkbox"/>	HIGH SCHOOL	<input checked="" type="checkbox"/>	HIGH SCHOOL	<input checked="" type="checkbox"/>
A. Philip Randolph Career Academies		Darnell Cookman		First Coast		Robert E. Lee		Terry Parker	
Andrew Jackson		Edward White		Frank Peterson Academies		Samuel W. Wolfson		Westside	
Baldwin Middle-High		Englewood		Jean Ribault		Sandalwood		William Raines	

OTHER QUALIFYING SCHOOL NOT LISTED: _____

ARE YOU/WERE YOU A PARTICIPANT IN THE JOHNSON FAMILY YMCA TEEN FORWARD/PATHWAYS TO SUCCESS PROGRAM? Yes No

IN WHAT OTHER PRE-COLLEGE PROGRAMS DID YOU PARTICIPATE? (CHECK ALL THAT APPLY)

CROP Upward Bound Gear Up IB AVID Dual Enrollment Early College AP classes

SECTION IV: TRANSPORTATION

I HAVE ACCESS TO A PERSONAL CAR/TRANSPORTATION: Yes No I use public (JTA) transportation I need a bus pass

SECTION V: GETTING TO KNOW YOU QUESTIONS

1. WHICH OF THESE CAREERS INTEREST YOU MORE? (PLEASE RANK 1-3, WITH 1 BEING YOUR FIRST CHOICE, THEN 2ND, 3RD):

___ **INFORMATION TECHNOLOGY**

CompTIA A+ Certification

The study or use of systems (especially computers and telecommunications) for storing, retrieving and sending information.

___ **HEALTH CARE**

Certified Nursing Assistant

The organized provision of medical care to individuals or a community.

___ **LOGISTICS**

Supply Chain Management or Manufacturing (OSHA/HAZWOPER/Lean)

The detailed coordination of a complex operation involving many people, facilities or supplies.

2. WHAT ARE YOUR JOB/CAREER AND ACADEMIC/EDUCATIONAL GOALS?

3. USE THREE WORDS TO DESCRIBE YOUR FUTURE, AS YOU SEE IT?

4. WHY DO YOU THINK THIS PROGRAM CAN BE BENEFICIAL FOR YOU AND YOUR FUTURE?

SECTION VI: SAFETY & SECURITY

The College may deny admission or enrollment to an individual because of misconduct if determined to be in the best interest of the College. An individual designated as a sexual predator by any court will not be admitted to or enrolled with the College. An individual identified as a sexual offender by any court may be considered for admission or enrollment using procedures established by the FSCJ administration—APM 10-0701.

HAVE YOU EVER BEEN DESIGNATED A SEXUAL PREDATOR BY ANY COURT? Yes No

HAVE YOU EVER BEEN DESIGNATED A SEXUAL OFFENDER OR CONVICTED OF ANY SEXUAL FELONY? Yes No

SECTION VII: SIGNATURES

STUDENT'S SIGNATURE _____ DATE _____

Parent Name (if under 18) _____

Parent Signature (if under 18) _____ DATE _____

SECTION VIII: MEDIA RELEASE

I hereby give my permission for my photograph, work or statements to be used by the Stepping Stones Program for promotional, publicity or other instructional purposes.

STUDENT'S SIGNATURE _____ DATE _____

Parent Name (if under 18) _____

Parent Signature (if under 18) _____

FOR FSCJ INTERNAL USE ONLY

Student's graduation from a Title I school is verified/copy of diploma/transcripts obtained: Date _____ Initial _____

Student is qualified? Yes No Student is accepted into the program? Yes No