



What is your family's annual household income level? <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 - \$25,000 <input type="checkbox"/> Over \$25,000	How many people are in your household? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 and over	Is your family currently or have been on welfare or TANF (food stamps, public assistance)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been... <input type="checkbox"/> Suspended in-school <input type="checkbox"/> Suspended from school 10 or more days Expelled from school, what school <hr/>	Have you ever been convicted of a drug related charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever violated curfew? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much do you know about computers? <input type="checkbox"/> Not much at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	Are you on probation/under court supervision? <input type="checkbox"/> Yes If so, briefly explain: <input type="checkbox"/> No <hr/> <hr/>	
In your own words what in life is most important to you right now? <hr/> <hr/> <hr/>		
What days of the week are you most available? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
What other things or activities are you involved in or interested in? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Arts/Dancing <input type="checkbox"/> Carpentry <input type="checkbox"/> Childcare <input type="checkbox"/> Community Development <input type="checkbox"/> English <input type="checkbox"/> Electronics <input type="checkbox"/> History <input type="checkbox"/> Legal/Law <input type="checkbox"/> Music </div> <div style="width: 45%;"> <input type="checkbox"/> Media <input type="checkbox"/> Medicine <input type="checkbox"/> Owning your own business <input type="checkbox"/> Political process <input type="checkbox"/> Speaking/Poetry <input type="checkbox"/> Sports <input type="checkbox"/> Teaching <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Writing <input type="checkbox"/> Other _____ </div> </div>		
Please submit as many of the required documents listed below: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Current HS Transcript/Report Card <input type="checkbox"/> Government Issued/School ID or Driver's License <input type="checkbox"/> Social Security Card </div> <div style="width: 45%;"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Proof of Family Income </div> </div>		
YOUR SIGNATURE IS REQUIRED BELOW. Without your signature, your application is not complete and cannot be processed. I certify that all the information provided in my application is accurate. I understand that Urban Ed, Inc. may deny me admission or enrollment if any information is found to be incomplete or inaccurate.		
Signature of Applicant (in ink)	Date of Application	