



# Project Y.E.S.

*(Youth Experiencing Success)*

## **STUDENT APPLICATION**

*This form must be completed by student/parent prior to enrollment into the Project Y.E.S. Program.*

|                                |             |
|--------------------------------|-------------|
| NAME: _____                    | DATE: _____ |
| ADDRESS: _____                 |             |
| NAME OF PARENT/GUARDIAN: _____ |             |
| HOME PHONE: _____              | CELL: _____ |
| PARENT E-MAIL: _____           |             |



**MY GOALS:**

---



**MY CAREER PLANS:**

---



**MY STRENGTHS:**

---



**MY PLANS FOR SUCCESS:**

---

**Student:** \_\_\_\_\_

*Signature*

*Date*

**Parent/Guardian:** \_\_\_\_\_

*Signature*

*Date*

**Project Y.E.S. Coordinator:** \_\_\_\_\_

*Signature*

*Date*