

Post-Secondary Application

Please return completed application forms to:

Iowa Homeless Youth Centers
Youth Opportunity Center
612 Locust St, Des Moines, IA 50309
Or by Email to: nramsay@yss.org, or fax: (515) 266-8377



Date of Application: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Primary Phone #: _____ E-mail address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Birth date (DD/MM/YYYY): ____/____/____ Age: ____ Social Security #: ____-____-____

1. What is your marital status? (*check one*) Single Married Divorced/Widowed

2. Do you reside in Des Moines, Iowa? Yes No

3. How would you classify your living situation:

- In my own place or with roommates (your name is on a lease)
- With relatives
- Supportive/ transitional living
- With friends (your name is not on a lease)
- Homeless

4. Have you ever been homeless? Yes No

5. Have you ever been in foster care? Yes No

6. Do you have a high school diploma or GED? Yes No

If yes, when did you graduate or receive your GED (month / year)? _____

Name of educational institution: _____

If no, what is your anticipated graduation date? _____

7. What is your race?

- White
- Black/African American
- American Indian/Alaskan Native
- Hispanic
- Asian/ Pacific Islander
- Multi-Racial

8. What is your gender? Male Female Transgender

9. Have you ever been convicted of a crime? Yes -No

Former criminal behavior including a felony does not exclude you from participation in the program, but not sharing former or current involvement in criminal justice system will disqualify you.

If yes, please tell us about your charge(s). Include dates and outcomes (probation, jail, work release, etc.):

10. Have you ever attended college before? Yes No

If yes, please tell us when you attended, where you attended, and why you are no longer attending:

11. Are you a Veteran? Yes No

12. Do you have a diagnosed disability? Yes No

13. Do you require special accommodations? Yes No

14. Have you ever had an Individualized Education Plan (IEP)? Yes No

15. Has anyone in your immediate family ever graduated from college? Yes No

16. Do you have children? Yes No

If yes, what are the names and ages of your children?

17. Do you need childcare assistance? Yes No

18. Are you currently employed? Yes No

If yes, where do you work and how many hours per week?

19. Do you have any work history? Yes No

If yes, please list your work history below (include dates and type of work completed):

20. What type of income do you have? How do you pay your bills?

- FIP (Family Investment Program) SSI/Social Security Disability
 Job/paid employment Child Support Other _____

21. List the people who earn money in your household (please include yourself):

Name	Relationship to you	\$\$ Amount Earned (estimate)	How Often? weekly/ biweekly/ monthly

22. Are you involved with any other programs or agencies? Yes No

If yes, please tell us the name of your case manager and the type of services you receive.

Name	Organization	Services received

23. Please provide a letter of support from two people who are encouraging you to apply to the program. These letters must be included at the time the application is submitted for the application to be considered complete.

Name _____ Phone number _____ Letter attached _____

Name _____ Phone number _____ Letter attached _____

24. On a separate sheet of paper please write two essays answering the following questions:

Essay 1: Why do you want to enter the Post-Secondary Program and what do you hope to gain from the experience? Why would you be a good fit for the program?

Essay 2: What was the biggest challenge you faced while obtaining your high school diploma or GED? How did you overcome this challenge?

IMPORTANT NOTE: In order to complete your application, you will need to obtain a copy of your high school transcripts or verification of your GED and bring these materials to your interview.

I, _____, certify that the information provided on this application is true to the best of my knowledge. I understand that all information will be used to determine my eligibility for the program. I am aware that the information may be verified and that additional documentation may be requested in order to do so. I allow the release of this information for documentation purposes. I am aware that I am subject to immediate dismissal from the program and that I may be prosecuted for fraud and/or perjury if I falsify any information on this application. I also understand that turning in this application does not guarantee acceptance into this or any other IHYC program.

By: _____

Date: _____

Applicant Signature