

work-based learning

WBL



focus on the future

CAREER RELATED EDUCATION

WORK-BASED LEARNING PROGRAM APPLICATION PACKET

Student Name

**Lincoln County High School
200 Charles Ward Elam Street
Lincolnton, Georgia 30817**

Career Cluster Area of Interest

Work-Based Learning Program Application Process

Admission Requirements

- Have an identified career goal.
- 16 years or older.
- Have a valid picture ID card.
- A junior or a senior in good standing with the school system.
- Be willing to take high school and technical/college courses related to future employment within the identified career area.
- Provide own dependable transportation.
- Have three acceptable recommendations.
- Have an acceptable attendance and discipline history.
- Be on track for graduation.
- Be willing to submit to all health related screenings required by the sponsoring employer.

*** Exceptions to written criteria may be appealed to the Review Committee by contacting the Youth Apprenticeship/Work-Based Learning Coordinator.**

Application Form Directions

- The application form must be fully completed.
- All information should be neat, accurate and readable.
- **Incomplete applications will not be processed.**
- Once your application is screened and approved, you may be sent to potential training sites for shadowing and interviewing.

Recommendation Forms

- Complete the top portion of the form.
- Deliver the form to the appropriate teacher or business person.
- Teachers or business person should return the form to Mrs. Stephanie Jordan.
- Three recommendations should be completed.

DEADLINE: Applications should be submitted prior to the start of Fall Semester (by the end of the previous Spring Semester) to allow time for processing. Check with Mrs. Jordan for exceptions or special situations.

Please submit the following documents with this application form:

- A copy of your high school transcript
- Three recommendations forms – most recent English and Math teachers, and one recommendation of your choice (business person, employer, business teacher, technical class teacher, or principal).

NON-DISCRIMINATION POLICY: It is the policy of the School Boards participating in the Youth Apprenticeship/Work-Based Learning Program to offer the opportunity to students to participate in appropriate programs and activities without regard to color, creed, national origin (Title VI of the 1972 Educational Amendments), handicap (Section 504 of the Rehabilitation Act of 1973 and PL94-142) or sex (Title II of the Educational Amendments of 1976 and PL194-482).

WORK-BASED LEARNING PROGRAM APPLICATION

(Please Print Clearly)

Date: _____ Indicate career/job interest: _____

Student Name: _____ Student ID#: _____

E-mail Address: _____

Please list any courses you have complete (example: Technical/Vocational), work experience, or training and skills you have which will aid us in evaluating your qualifications for Youth Apprenticeship.

Please list your school/community activities, honors received and offices held.

Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (for example: sports, school or community activities, part-time job, family/childcare)? Yes No

If you checked YES, please describe.

In 50 words or less, explain how you think Apprenticeship will help you.

Student/Parent Information:

Student Name: _____ Lunch ID #: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ E-Mail: _____
Birthdate: _____

Parent/Guardian Name: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ E-Mail: _____
Business Phone: _____ Place of Employment: _____

Alternate Parent/Guardian/Contact Person

Parent/Guardian Name: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: _____ E-Mail: _____

