

For Official Use Only

## Round Rock Chapter

### Checklist For SYETP

High School

Complete Application                      yes    No

Verified By: \_\_\_\_\_

#### Eligibility Criteria:

- ❖ Applicant must be 14 years-18 years old
- ❖ Parent(s)/ Legal Guardian(s) must be an Active voter(s) of Round Rock Chapter
- ❖ Currently enrolled in High School (School Verification)
- ❖ Number of participants is based on availability of funding

#### Following Documents are required to complete your Packet:

- \_\_\_\_\_ Chapter Employment application
- \_\_\_\_\_ Copy of Social Security
- \_\_\_\_\_ Copy of C.I.B (Certificate of Indian Blood)
- \_\_\_\_\_ Letter Of Interest
- \_\_\_\_\_ Report Card/ School Verification
- \_\_\_\_\_ Parent(s)/Guardian Is registered voter (To Be Verified by Chapter Administration)

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## Round Rock Chapter

### Checklist For SYETP

College

Complete Application                      yes    No

Verified By: \_\_\_\_\_

#### Eligibility Criteria:

- ❖ Applicant must be 18 years old and older
- ❖ An Active voter(s) of Round Rock Chapter
- ❖ Currently enrolled in College (School Verification)
- ❖ Number of participants is based on availability of funding

#### Following Documents are required to complete your Packet:

- \_\_\_\_\_ Chapter Employment application
- \_\_\_\_\_ Copy of Social Security
- \_\_\_\_\_ Copy of C.I.B (Certificate of Indian Blood)
- \_\_\_\_\_ Letter Of Interest
- \_\_\_\_\_ Letter of Admission & Class Schedule
- \_\_\_\_\_ Unofficial Transcript
- \_\_\_\_\_ Registered voter (To Be Verified by Chapter Administration)

High School

College

Round Rock Chapter  
PO Box 10 Round Rock, AZ 86547  
Phone: 928-787-2510/11/13  
Email: roundrock@navajochapters.org

### Summer Youth Employment Application

#### Personal Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:  Male  Female

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Census #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City

State

Zip Code

Are you a registered voter with Round Rock Chapter?

Yes

No

If no. Parent(s)/Guardian Name: \_\_\_\_\_

\* If under 18, is/are your parent(s) registered with this chapter?

Yes

No

Emergency Contact: \_\_\_\_\_

Name

Phone #

Relationship

List any medical or physical condition(s) that may apply to you: \_\_\_\_\_

#### Education Information

High School: \_\_\_\_\_ Upcoming School Year Status: \_\_\_\_\_

Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Did you Graduate? Yes No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Upcoming School Year Status: \_\_\_\_\_

Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Did you Graduate? Yes No Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Upcoming School Year Status: \_\_\_\_\_

Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Did you Graduate? Yes No Diploma: \_\_\_\_\_

#### Employment Information

Previous Employer(s) Address Supervisor Phone #:

Previous Employer(s)	Address	Supervisor	Phone #:

#### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Is this application leads to employment I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18 of age)