



## EAST AKRON NEIGHBORHOOD DEVELOPMENT CORPORATION

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### PROPERTY MANAGEMENT

550 South Arlington St · Akron, Ohio 44306 · (330) 724-1210 · Fax (330) 724-9071

Thank you for your interest in the Helping Youth Perform Excellence Program with East Akron Neighborhood Development Corp. We are very excited about the employment experience and the learning opportunities we will be offering this summer. Our goal is to deliver an educational and motivating experience to help our youth learn and grow.

This year, the HYPE program will focus on team building. In order to do this, we have combined the community service hours with the paid internship hours. The youth will be tasked with developing a Community Fair from start to finish. Additionally, participants will be provided with education on the process of collegiate application and/or entering the workforce with the skill sets that instill confidence, character and creativeness that will assist in breaking the cycle of inner-generational poverty.

### **ELIGIBILITY AND SELECTION PROCESS**

Eligible participants must **on the lease** as a resident in EANDC housing and be between 13-18 years old.

Applications will be reviewed for responsiveness, completeness, and neatness: strength of written response: and strength of their third party recommendation. A screening process will be conducted to ensure that the strongest candidates are selected for the program.

***Deadline for applications will be May 9, 2017.***

Final selection of participants will be made by an interview process. Those selected will be notified by the end of May.

***\*Restriction: one child per household may apply.***

### **REQUIRED CONTENTS OF APPLICATION PACKETS**

Application packets must include the following information

- One recommendation letter. Acceptable recommendations can come from a teacher, guidance counselor, coach, or any other adult with whom the applicant has established a relationship (no recommendations from family members).
- A completed EANDC HYPE program application (typed or printed in ink).

Submit completed applications or for more information or questions please contact Ebony Hull, Social Services Coordinator at (330)724-1210 or [ehull@eandc.org](mailto:ehull@eandc.org).



# HYPE Program EANDC Summer Youth Program Application

**Applicant Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

**ETHNIC ORIGIN:**  AFRICAN AMERICAN  CAUCASIAN  ASIAN  HISPANIC  MULTI-RACIAL ARE YOU A CITIZEN  YES  NO

**FAMILY INFORMATION**

**MEMBER RESIDES WITH:**  Both parents  Mother  Father  Grandparent(s)  Foster/Kinship  Other \_\_\_\_\_

**PARENTS ARE:**  Married  Single  Divorced  Widowed

Mother's/guardian's name \_\_\_\_\_ Father's/guardian's name \_\_\_\_\_

**Siblings:** \_\_\_\_\_ Brother(s) \_\_\_\_\_ Sister(s) **In household** (live with member) \_\_\_\_\_ Brother(s) \_\_\_\_\_ Sister(s) \_\_\_\_\_ Others \_\_\_\_\_

**Please describe any medical problems, conditions, or food allergies regarding your child:** \_\_\_\_\_

**Behaviors or special needs:** \_\_\_\_\_

**List medications member is taking/what side effects should we expect?** \_\_\_\_\_

School Attending: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_

**Please choose the ONE career field in which you are most interested in learning more about:**

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting                      | <input type="checkbox"/> Office Administration                  |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Leadership                             |
| <input type="checkbox"/> Real Estate/ Banking            | <input type="checkbox"/> Public Safety/ Law/Criminal<br>Justice |
| <input type="checkbox"/> Maintenance/ Technical Training | <input type="checkbox"/> Medical                                |
| <input type="checkbox"/> Marketing/Sales                 |   |

**Please answer the following questions. Your answers should be brief, but in complete sentences.**

**Please tell us about a time when you worked with a team on a project. Describe the project, and explain your role within the team.**

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**In your opinion, what makes a successfully functioning team?**

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**List personal attributes you can contribute to a team.**

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**Please tell us about your future goals and career aspirations.**

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**Do you participate in any school sports/activities? If so, please provide the expected resume date.**

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**Please list three things related to work and/or education that you enjoy doing.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please list three things related to work and/or education that you could improve on.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Are there any additional skills and abilities that you have that you would like to use in your internship placement:**

- Basic computer operation (familiarity with Windows)
- Advanced computer operation (website design, etc.)
- Advanced math (algebra, trigonometry or calculus)
- Ability to lift 50 pounds
- Customer service skills
- Familiarity with internet and/or library research tools
- Organizational skills
- Science skills (physics, chemistry or biology)

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**Parent's/Guardian's Signature**

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**Date**

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**Applicants Signature**

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**Date**

**HYPE Program  
EANDC Summer Youth  
MEMBER EMERGENCY INFORMATION**

**WHOM MAY WE CONTACT IN CASE OF EMERGENCY AND AUTHORIZED TO PICK UP**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ OTHER # \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

OTHER # \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

OTHER # \_\_\_\_\_

**ADDITIONAL PERSONS AUTHORIZED TO PICK UP**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ OTHER # \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

OTHER # \_\_\_\_\_

**\*\* ONLY THE INDIVIDUALS LISTED WILL BE PERMITTED TO PICK UP YOUR CHILD \*\*  
THE INDIVIDUAL MUST BE AN ADULT (18 OR OLDER) I.D. IS REQUIRED**

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**