



## Program Application Checklist – Project Advantage

You must submit all of the following required documents and forms before being accepted into the Project Advantage program. Your application will not be considered complete until you submit all documents — submission of an incomplete application will cause delays, which may affect your enrollment date and/or eligibility. If you (or your parent/guardian) have questions about this information, please contact me at 617.445.8887 x24.

Thank you,

Ivy Taylor, Program Administration Manager

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- Program Application Form
  - Birth Certificate
  - Social Security Card
  - Selective Service Compliance card (males 18 or older)
  - High School Transcript
  - CORI Form Completed (See attached)
  - Proof of Boston Residency (one of the following):
    - Driver's license/Mass ID
    - Lease
    - Medicare/Medicaid card
    - BHA verification
    - Utility bill
  - US Citizenship/ Work eligible documentation (one of the following):
    - Food stamp record
    - US Passport
    - Baptismal certificate (with place of birth shown)
    - Foreign passport stamped with eligibility to work
    - Social security printout
  - Proof of household size (one of the following):
    - Landlord statement/lease
    - Medical card
    - Public Assistance/Social Service Agency record
    - Most recent tax return
  - Proof of household income (one of the following):
    - Bank statements
    - Three most recent pay stubs
    - Public assistance Record
    - Social security benefits statement
    - Letter of amount received from DSS
  - Proof of eligibility (one of the following):
    - Letter from state/local agency (DSS)
    - Withdrawal letter from school
    - Letter from Probation/DYS officer



## Program Application – Project Advantage

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian's Name and Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State ID # or Social Security #: \_\_\_\_\_

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

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Male: \_\_\_\_\_ Female: \_\_\_\_\_

Are you...

\_\_\_\_\_ In DYS custody? Social worker: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ In DYS custody? Social worker: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_ On probation? Probation officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of school last attended: \_\_\_\_\_

Who do you live with?

\_\_\_\_\_ parent(s) \_\_\_\_\_ shelter

\_\_\_\_\_ foster parent(s) \_\_\_\_\_ friends/relatives

Ethnic background (optional): \_\_\_\_\_

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Are you currently involved in any other programs? \_\_\_\_\_

If yes, which one(s)? \_\_\_\_\_

How did you hear about Project Advantage? \_\_\_\_\_

\_\_\_\_\_

Why do you want to join Project Advantage? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YouthBuild Boston does not discriminate on the basis of race, color, sex, sexual orientation, religion, creed, national origin, age, veteran status, or disability unrelated to job requirements. Reasonable accommodations can be made for interview and community service.



504 Dudley Street, Roxbury, MA 02119 • Tel: 617.445.8887 • Fax: 617.427.3950 • [www.youthbuildboston.org](http://www.youthbuildboston.org)

## High School Transcript Request Form

TO: High School Registrar  
FROM: YouthBuild Boston  
RE: Release of Official Transcript

This is a formal request to release to YouthBuild Boston the official high school transcript for the student named below. Please fax or mail transcript to:

YouthBuild Boston  
Attn: Program Applications – Monica or Amos  
504 Dudley Street  
Roxbury, MA 02119  
Fax: 617.427.3950

If you have any questions regarding this request, please contact Monica or Amos at 617.445.8887.

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

(If married, list your maiden name)

SS#: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Address of school: \_\_\_\_\_

Last year attended: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if applicant is under 18 years old)*

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CORI Request form

YTHBD  
FE191

YouthBuild Boston has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for a YouthBuild Boston program, I understand that a Criminal Offender Record Information check will be conducted for convictions and pending criminal case information only and that it will not necessarily disqualify me. The Information below is correct to the best of my knowledge.

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

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### APPLICANT INFORMATION (PLEASE PRINT)

NAME (*Last, First, Middle*): \_\_\_\_\_

MAIDEN NAME OR ALIAS (*If Applicable*): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (*Requested, but not required*): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

#### PRESENT ADDRESS

*Number & Street:* \_\_\_\_\_

*City, State, Zip:* \_\_\_\_\_

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

FORMER ADDRESSES: \_\_\_\_\_

\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

(*Signature of CORI Authorized Employee*)