



Application Deadlines:

⇒ High School Internship Program (**Due 9/4/2012**)

**URBAN ALLIANCE
INTERNSHIP PROGRAM AT A GLANCE**

Mission: Urban Alliance empowers under-resourced youth to *ASPIRE, WORK, SUCCEED* through paid Internships, formal training, and mentoring.

[Please tear off this page to keep for future reference]

World Bank Summer Internship Program:

- Work Monday through Friday (9am– 5pm)
- 8 week Internship experience
- Earn \$10/hour
- Attend weekly professional development workshops
- Get help with post-high school planning, earn community service hours, and more!

High School Internship Program:

- Work Monday through Thursday during the school year (2pm – 5pm)
- Work full-time Monday through Thursday (9am– 5pm) in the summer
- Earn \$8.25/hour with two raises up to \$10/hour
- Attend professional development workshops Friday afternoons
- Get help with post-high school planning, earn community service hours, and more!

Requirements:

- Attend a DC public or charter high school (Both Programs)
- Be a senior during the 2011 – 2012 school year (Both Programs)
- Must have a 2.5 GPA (Both Programs)
- **Half-day/Authorized off campus schedule all school year** (High School Internship Program)
- Work Monday-Thursday (2pm–5pm) during the school year (High School Internship Program)
- Work full-time for **8 WEEKS** in the summer (World Bank Summer Internship Program)

Thank you for your interest in Urban Alliance!

Turn in completed applications to your school contact or fax to our office at (202) 459-4301. Please make sure you have included all necessary materials with your application. If you have any questions, please call the Urban Alliance main number at **(202) 459-4300.**



Select which program you are applying to:

High School Internship Program (Due 8/31/13)

Internship Program Application Part I

PLEASE NOTE: Incomplete applications WILL NOT be processed

School (include academy if applicable): _____ Grade: _____

Guidance Counselor: _____

CONTACT INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Permanent Street Address: _____ Quadrant (please circle) NE NW SE SW

City/State: _____ Zip Code: _____ Ward: _____

Date of Birth: _____ Social Security #: _____ Gender: _____

Home Phone (____) _____ Student Cell Phone: (____) _____

Student E-mail Address 1. _____ 2. _____

Access to Internet (Check all that apply): Home School Other (please specify): _____

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Best Contact Number for Parent/Guardian 1: (____) _____ Best Contact Number for Parent/Guardian 2: (____) _____

Emergency Contact Name: _____ Relationship to You: _____ Phone: (____) _____

Language(s) your Parent/Guardian(s) speak other than English: _____

I am a citizen of the United States: YES _____ NO _____ Other _____

If you answered no, what is your status? _____ Card # _____

Additional contact information: Who can we call if your information changes and we need to find you? Imagine that we have your paycheck and all the other numbers on this application changed.

Phone # (____) _____ Contact's Name/Relationship to You: _____

No information you provide will be used in a discriminatory manner. If you wish to be identified with a particular ethnic or racial group, please check all that apply:

- African American, African, Black
- Hispanic, Latino(a)
- Asian, Asian American
- White, Caucasian
- Other (specify _____)



FAMILY INFORMATION

Urban Alliance participates in a Federal Grant Program in order to provide paid internships. The following information is required to ensure continued funding.

How many people that are related to you by blood, marriage, or adoption reside in your residence, including yourself? _____

Are you parenting? _____ If yes, please include children in your household roster below.

Please list (including yourself):

Family Members (Names)	Relationship to You	Age	Highest Degree Attained	Employed: Circle One
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

What is your family income? (Total of all those who are employed) _____

Source of family income: (check all that apply)

- TANF
 Wages
 Social Security Benefits
 Other: _____



WORK INFORMATION

Please list all places you have been employed, beginning with your **most recent** position. List the location, dates of employment and major duties you completed at each job or attach your resume. An example has been provided below:

Position or Title/ Name of Employer	Location (City, State)	Period of Employment	Major Duties	Wage in Dollars per Hour	Hours per Week	Summer job? School year job? or Both?
Intern Urban Alliance Foundation	Washington, DC	October 2008- August 2009	<input type="radio"/> Processed timesheets <input type="radio"/> Created student flyer <input type="radio"/> Answered main phone line	\$8.00/hour	10 hours/week	Both

PERSONAL INFORMATION

*Please complete all questions in this section in 2-3 sentences. In your response, please be as accurate and detailed as possible.

Why are you interested in applying to the Urban Alliance Internship Program? _____

How did you hear about Urban Alliance? Please check all appropriate boxes:

- Urban Alliance staff presentation
- Guidance Counselor/Teacher/Faculty
- Friend
- Current Urban Alliance Intern or Urban Alliance alumni (UA student's name: _____)
- Other (specify: _____)

What skills, qualities, or strengths could you bring to Urban Alliance (for example: being organized, dedication, Microsoft, etc)?



In what field would you like to work in 10 years? (Circle one)

- | | |
|---------------------------------------|---|
| Management | Food Preparation and Serving |
| Business and Financial | Buildings and Grounds Maintenance Occupations (Janitors, Landscaping) |
| Computer and Mathematical | Personal Care and Service (Hotels, Child Care, Hairstylists) |
| Architecture and Engineering | Farming and Forestry (Animal Care) |
| Life, Physical and Social Sciences | Construction |
| Health | Installation, Maintenance, and Repair (Telecommunications, Auto Repair HVAC, etc) |
| Legal | Product Occupations |
| Community and Social Service | Sales |
| Sports | Transportation and Material Moving |
| Office and Administrative | Military |
| Protective Occupations (Police, Fire) | Other |

What are your future educational and career goals? _____

Please list and explain any after school responsibilities or commitments (ex: childcare, baby-sitting, jobs, volunteer activities, etc).

Do you have a checking and/or savings account? YES NO
 If yes, how much money do you have saved? _____

Have you taken or do you plan to take the SAT/ACT? YES NO

Have you ever been charged with a criminal offense? Please check one. YES NO

If you answered "yes," please attach a written description detailing the nature of the offense(s) and the date(s) they occurred.

Do you have any health issues that may need to be considered in placing you at a worksite? YES NO

(*NOTE: This information will NOT affect your acceptance.) If yes, please explain: _____

Are you taking any medication that has been prescribed by a physician? YES NO
 If yes, please list:



PARENT/GUARDIAN APPROVAL AND RELEASE

After evaluating your son/daughter, if we feel that s/he is a good candidate for the Urban Alliance Program, we will contact you to answer any questions. Parent support is an important part of this partnership. ***Your signature is required in order for Urban Alliance to confirm that you agree to allow your son or daughter to apply for an Internship and to give your approval for Urban Alliance to share student records with the Urban Institute.***

If selected for our **High School Internship Program**, it will require that s/he work after school on Monday through Thursday from 2:00pm to 5:00pm and attend professional development workshops on Fridays. In addition to the commitment during the school year, s/he will work fulltime Monday through Thursday (9am-5pm) during the summer. S/he will also be required to participate in several Urban Alliance activities including, but not limited to, workshops every Friday during the summer.

If selected for our **World Bank Summer Internship Program**, you agree to allow your son or daughter to participate for a summer Internship lasting 8 weeks during which students will work Monday through Friday 9am-5pm. S/he will also be required to participate in several Urban Alliance activities including, but not limited to, weekly professional development workshops.

I _____ (print name), as legal parent/guardian of _____ (print student's name) hereby authorize him/her to participate in the aforementioned activities. I agree to allow any representative of Urban Alliance to obtain his/her educational records including but not limited to: transcripts, quarterly grades, attendance records, schedules, reports and recommendations and to share these records with the Urban Institute. I certify that the information filled out on the previous pages is correct to the best of my knowledge.

I understand that my student's Internship opportunity may be terminated at any time if s/he is unable to abide by Urban Alliance policies or demonstration of inadequate performance at the job site. I understand that Urban Alliance promotes self-sufficiency therefore, primary communication must be held between my student and their Program Coordinator.

I also understand that my student's Internship opportunity may be terminated if I contact his/her jobsite and/or Mentor directly regarding any issues and or concerns. Furthermore, I understand that my concerns must be directed to my student's Program Coordinator and or the Urban Alliance team, as the Intern is employed by Urban Alliance. I acknowledge that it is prohibited to contact mentors or jobsites directly as a matter of Urban Alliance policy.

Please select one: **YES, I agree** **NO, I do not agree**

In addition, I agree to allow him/her to be photographed and/or videotaped and their pictures and experiences to be used in fliers, on web sites, in press releases and other forms of media in support of our program.

Please select one: **YES, I agree** **NO, I do not agree**

Parent/Guardian's signature _____ Date _____

Daytime phone # (____) _____ Evening Phone # (____) _____

Comments or Concerns: _____



APPLICANT NOTE: Submit this form to Counselor **ONLY** if "High School Internship" and/or "Both" boxes are checked on page 1.

Mandatory Counselor Form

Eligibility for the Urban Alliance **High School Internship Program** is contingent upon the student having a **half-day/authorized off campus schedule throughout their senior year**. Since our Interns work from 2:00pm-5:00pm, students must be out of school at/before 1:15pm in order to make it to work on time. Please fill out the following information confirming this student's eligibility for a half-day/authorized off campus schedule during their senior year.

Student: _____ School: _____ Grade: _____

Counselor: _____ Counselor Phone #: _____

Counselor email address (optional): _____

Students Cumulative GPA: _____ Student absences: _____

Please check the option that best reflects this student's senior year schedule as it stands right now:

- This student will have a half-day/authorized off campus schedule from September through June (FULL YEAR).
- This student will have a half-day/authorized off campus schedule from September to January. The schedule for the second half of the year cannot be determined at this time.
- This student will have a half-day/authorized off campus schedule from January to June.
- This student will have a half-day/authorized off campus schedule every other day.
 - Time out day 1: _____
 - Time out day 2: _____
- This student **will not** have a half-day/authorized off campus schedule.

Additional Comments: _____

The Urban Alliance would like to give all students the opportunity to participate in our High School Internship Program. Therefore, we greatly appreciate the effort you put in to ensure that students will have and maintain a half-day/authorized off campus schedule throughout their senior year.

Urban Alliance is the liaison between the Intern and the job site. All questions or concerns should be addressed to Urban Alliance at (202) 459-4300.

Counselor Signature: _____ **Date:** _____



CONDITIONS FOR ACCEPTANCE TO URBAN ALLIANCE INTERNSHIP PROGRAM

Please read the following statements carefully as they constitute conditions for your acceptance as an Urban Alliance Intern. Once the statements are read and initialed, please sign in the space provided. Applications that are not signed will not be processed.

1. The information that I have provided on this application is my own work, factually true and honestly presented.

Initial

2. My application is complete. The items below have been provided to Urban Alliance for review (Check off each):

- Attach **Official Transcript**
- Contact Information (page 1)
- School Information (page 2)
- Family Information and Work Information (page 3)
- Personal Information (page 4)
- Parent/Guardian Approval and Release (page 6)
- Mandatory Counselor Form [**High School Internship Program Only**] (page 7)
- Conditions for Acceptance (page 8)

Initial

3. In the event that I am accepted, I agree to conform to all Urban Alliance Policies and Procedures that will be outlined in the Pre-Work training. I understand that my Internship opportunity may be revoked at any time due to failure to adhere to the Urban Alliance policies or demonstration of inadequate performance at the job site.

Initial

4. I understand that if I am accepted, I am required to:

- a. Complete **Internship Program Application Part II** which will be provided by Urban Alliance. **Internship Program Application Part II** consists of:
 - i. *School Information, Personal Statement, Teacher Recommendation and Non Teacher Recommendation*
- b. Work Monday through Thursday from 2:00pm - 5:00pm and attend Friday workshops from 3:00pm - 4:30pm during the school year (*High School Internship Program*).
- c. Work Monday through Thursday for 8 hours a day and attend Friday workshops from 10:00am – 3:00pm during the summer (*High School Internship Program*).
- d. Work Monday through Friday for 8 hours a day and attend weekly professional development workshops during the summer (*World Bank Summer Internship Program*).

Initial

5. Although Urban Alliance makes every effort to accommodate individual preferences for Internship location, I understand and accept the condition that Urban Alliance will make Internship placements based on numerous factors and my first choice Internship is not guaranteed.

Initial

Applicant Signature

Date