



AIR FORCE AID SOCIETY YOUTH EMPLOYMENT SKILLS (YES) PROGRAM

ENROLLMENT APPLICATION FOR PROGRAM YEAR **2011-2012**

Valid from June 1, 2011- May 31, 2012

BASE # 711

BASE SECTION NAME: KADENA

PURPOSE CODE #: 085

SECTION A- ACTIVE DUTY MEMBER INFORMATION - Print in ink - Complete all blocks

1. SOCIAL SECURITY NUMBER	2. LAST NAME	FIRST NAME	M.I.
3. CURRENT MAILING ADDRESS: NUMBER, STREET		CITY, STATE, ZIP	EMAIL
4. HOME PHONE ()	5. DUTY PHONE/DSN ()	6. PAY GRADE	7. DOS/RETIREMENT DATE (MM/YY) DOS _____ RET. DATE _____
8. CURRENT DUTY STATION		9. OUTSTANDING EMERGENCY ASSISTANCE/ EDUCATION LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION B - STUDENT INFORMATION - Print in ink - Complete all blocks

10. SOCIAL SECURITY NUMBER	11. LAST NAME	FIRST NAME	M.I.
12. CURRENT MAILING ADDRESS: NUMBER, STREET		CITY, STATE, ZIP	EMAIL
13. HOME PHONE ()	14. DATE OF BIRTH / / MO DAY YR	15. HIGH SCHOOL ACADEMIC YEAR 2011 to 2012	16. HIGH SCHOOL GRADE LEVEL <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR
		17. EXPECTED HIGH SCHOOL COMPLETION DATE / / MO YR	

SECTION C – ACKNOWLEDGEMENT & CONSENT

PLEASE READ BEFORE SIGNING BELOW:

I (We), the undersigned, certify that the information contained in Sections A through C of this application is true, complete and correct to the best of my knowledge and is made in good faith. I (We) certify that the student named in Section B is a legal dependent of the active duty Air Force member named in Section B. My signature certifies I (we) have read, understand, and agree to the provisions and conditions of the AFAS YES Program; that any grant funds received as a result of this application will be used solely for post-secondary tuition, books, fees, and other direct educational expenses; and that any of these funds which cannot be reasonably contributable to meeting these educational expenses to the named student must be immediately returned to AFAS HQ. I (We) understand that any and all grant funds will be forfeited if the named student above does not enroll in an approved post-secondary institution and claim funds within one year from date of verified high school completion. I (We) understand that hours volunteered for other organizations, such as but not limited to the American Red Cross, Chapel, and school programs, cannot be used as YES credit hours. I (We) understand it is the YES volunteer's responsibility to hand in timesheets at the end of the each month to the Youth Director in order to receive credit for volunteer hours. If the YES volunteer does not fulfill this responsibility, I (we) understand that any or all YES hours may be considered as void either by the Youth Director or the YES Program Coordinator at AFAS HQ.

18A. Member Signature: _____ Date: _____

18B. Student Signature: _____ Date: _____

SECTION D - FOR OFFICIAL USE ONLY

19. BASE VALIDATION: Youth Director Initials _____	20. AFAS HQ CERTIFICATION:	21. AFAS HQ PROCESSING DATE:
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