

COLUMBIA URBAN LEAGUE, INC.

SPRING & SUMMER 2024

PRE-APPRENTICESHIP

APPLICATION



**Columbia
Urban League, Inc.**

*Empowering Communities
Changing Lives.*

James T. McLawhorn, Jr. | President & CEO
Regina R. LaBrew | Workforce Coordinator
Phone: (803) 733-2550 | Website: WWW.CULSC.ORG

Columbia Urban League, Inc.

2024 Pre-Apprenticeship Application

APPLICATION
DEADLINE
May 31, 2024

PERSONAL INFORMATION

Please fill in the blank spaces.

Applicant's Name: _____

Date of Birth: ____/____/____ Age: _____ SSN: ____-____-____ Gender: M F

Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _ (____) _____ Mobile Phone: _ (____) _____

Applicant's Email Address: _____

School: _____ Grade: _____

PARENTAL INFORMATION

Please fill in the blank spaces

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Mobile Phone:(____) _____

Parent's/Guardian's Email Address: _____

Emergency Contact Name: _____ Phone Number:(____) _____

Relationship to Applicant: _____

Please list all of the applicant's regular medical/cognitive conditions.

Please check all that apply to you. If none apply, go to the next question.

_____ Current Medicaid Client _____ Previous Medicaid _____ Foster Care Client

You must answer the following question. If you do not have insurance, write "none."

Insurance Company: _____

Health Insurance Policy #: _____

Policy Holder: _____

WORK EXPERIENCE

(This includes babysitting, cutting grass, general household chores, etc.)

Name of Company: _____

Supervisor: _____ Phone Number: _ (____) _____

Duties: _____

Name of Company: _____

Supervisor: _____ Phone Number: _ (____) _____

Duties: _____

COMMUNITY INVOLVEMENT, ACTIVITIES & AWARDS

(Provide additional sheets if necessary.)

URBAN LEAGUE INVOLVEMENT

Have you ever participated in any Columbia Urban League programs, attended any Urban League-sponsored events, or received any Urban League scholarships? Yes or No

If yes, check each program and indicate when you participated.

Young & Gifted Awards
When: _____

Project Ready
When: _____

Safe Haven Camp
When: _____

STEP
When: _____

Save Our Sons
When: _____

Please include the following essential information so that your application can be processed.

Your application is incomplete and will not be considered without the following materials:

1. Expressions:

Please answer the questions below on a separate page. Responses to each question should be at most 250 words and must be included with your application.

- a. What do you hope to gain from this opportunity?
- b. What skills do you hope to gain during this apprenticeship?

2. Identification:

Please include a copy of some form of identification that shows proof of age or date of birth (i.e., Medicaid Card, Driver's License, Birth Certificate, etc.).

Resources are limited; therefore, only completed applications will be accepted. Completing this application does not guarantee a job. Additionally, the applicant is not obligated to accept employment upon selection.

****The tentative start date for CULPA Summer Work Experience is June 10, 2024- July 12, 2024.**

Additional Opportunities are available

ANNUAL FAMILY INCOME & HOUSEHOLD SIZE

Please check one. Please note that this program's purpose is to serve those most in need. We will give priority to those with the greatest financial need.

- | | |
|--|---|
| <input type="checkbox"/> UNDER \$15,000 | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$15,000—\$24,999 | <input type="checkbox"/> \$75,000 - \$100,000 |
| <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$100,000 + |

PLEASE PROVIDE THE TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD: _____

FOR MORE INFORMATION, PLEASE EMAIL CULPA @ CULSC.ORG OR RLABREW@CULSC.ORG

Read the following statement carefully, then sign and date:

All required information/documentation must be included with this application. I understand that the Columbia Urban League, Inc. is not responsible for any original information mailed with this application. Applicants must disclose all pertinent information upon completion of this application. Any information will result in disqualification of participating in this program. I hereby declare that this application's information is accurate and complete to the best of my knowledge. I understand that failure to complete this application, in its entirety, will result in the non-consideration of an incomplete application. Selected participants will receive a stipend at the end of the two-week work experience.

WE WILL NOT DISBURSE CHECKS AFTER August 16, 2024.

Applicant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

ALL COMPLETED APPLICATIONS MUST BE MAILED BY THE DUE DATE 24140

Columbia Urban League, Inc.
1400 Barnwell Street
Columbia, SC 29201