YOUTH EDUCATION AND CAREER CENTER AT GCIT

Thank you for your interest in the Youth Education and Career Center at GCIT at the RCGC College Services Building. Carefully read the instructions below for processing your application.

REQUIREMENTS
Must be a Gloucester County Resident between the ages of 16 and 24
Pre-Vocational, Vocational, and Career-Oriented classes

Hours:
Monday – Friday
8:00am – 2:30pm
Minimum attendance of 25 hours a week

Steps for enrolling:

1. Fill out the enclosed application and records release form.
   Mail to: or drop it off to our location:
   Youth Education & Career Center at GCIT
   GCIT – Guidance Office
   1360 Tanyard Road
   Sewell, NJ 08080

2. Enclose your Certificate of Non-Enrollment from the last school you attended, or the school district in which you live.

3. Enclose copies of all required paperwork for the WIOA (Workforce Innovation and Opportunity ACT (see enclosed memo for a complete list.)

4. After GCIT receives your application, you will be called to schedule a time to take the TABE test. This test takes approximately 3-4 hours.

   *Please note: If you are not WIOA eligible or if you do not receive at least a 6.0 minimum TABE score, you will be referred to other agencies for assistance.

5. If the TABE test is successfully completed you will receive a call from the Youth Education and Career Center facilitator for you to meet with the WIOA representative to determine if you are WIOA eligible. If you are determined to be WIOA eligible you will receive a phone call to schedule a time for orientation and a start date.

Please make sure that all of the required paperwork is submitted in a timely fashion. If any items are missing, you will not be admitted until all items are received. Thank you for your interest in the Youth Education & Career Center at GCIT.

Sincerely,

Gregory T. Wright
Assistant Principal
Youth Education & Career Center at GCIT
WIOA Eligibility Documents Due with Application

Students are WIOA eligible if they meet one or more of the items listed:
  o An Out-of-School youth (OSY) is an individual who is:
    • Not attending any school (as defined under State law);
    • Program is for one year duration for HSE and one year duration for follow-up ONLY.
  o One or more of the following:
    • A school dropout;
    • A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. School year calendar quarters are based on how a local school defines it’s school year quarters;
    • A recipient of a secondary school diploma or its recognized equivalent who is a low income individual and is either basic skills deficient or an English language learner;
    • An individual who is subject to the juvenile or adult justice system;
    • A homeless individual (as defined in sec. 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), a homeless child or youth (as defined in sec. 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677), or in an out-of-home placement;
    • An individual who is pregnant or parenting;
    • An individual with a disability;
    • A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. (WIOA Sec. 3(46) and Sec. 129 (a)(1)(B)) (20 CFR 681.210)

Documents needed with application:
1. Birth Certificate (copy accepted)
2. Social Security Card (copy accepted) – Must have copy of actual card
3. Proof of Residency (post office stamped mail with student’s name and current address on it)
4. Students who are classified in school (eligible for special education services) must turn in IEP with the application.

If you have any questions regarding WIOA eligibility, please contact the Youth Education and Career Center at 856-468-1445, extension 6841.
# Youth Education & Career Center at GCIT

**GLOUCESTER COUNTY INSTITUTE OF TECHNOLOGY**

**Mail to:**
Youth Education & Career Center at GCIT  
GCIT – Guidance Office  
1360 Tanyard Road  
Sewell, NJ 08080  

**or drop it off to our location:**
Youth Education & Career Center at GCIT  
RCGC College Services Building  
6 Blackwood-Barnsboro Road  
Sewell, NJ 08080  

Date ____________________________

**PERSONAL INFORMATION:**

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Age</th>
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<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Telephone Number (Home)</th>
<th>Telephone Number (Cell)</th>
<th>Telephone Number (Work)</th>
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Email Address: ___________________________________________

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<th>Name of Parent(s)/Guardian(s)</th>
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<th>Name of Emergency Contact</th>
<th>Relationship</th>
<th>Telephone Number</th>
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- Male  
- Female  
- Married  
- Separated  
- Divorced  
- Single  

Do you have any children:  
- Yes  
- No  
If yes, how many _______________________

**How did you find out about the Youth Education & Career Center at GCIT:**

- From a friend of relative  
- Newspaper Advertisement  
- TV Commercial  
- Received pamphlet in mail  
- Referral  
- Someone at my school
Poster – where did you see it: __________________________________________

Other – please explain: __________________________________________

Have you ever been involved with:   ☐ DYFS*   ☐ Foster Care   ☐ Probation

Please check any boxes that apply to you:

☐ Probation      Start Date ___________________________   End Date ___________________________

Name of Probation Officer __________________________________________

Telephone Number __________________________________________

☐ Parole         Start Date ___________________________   End Date ___________________________

Name of Parole Officer __________________________________________

Telephone Number __________________________________________

EDUCATIONAL BACKGROUND:

Last School Attended __________________________________________

Date Last Attended __________________________________________

What grade were you in when you left __________________________

Where you involved with the Child Study Team/Special Education:

☐ Yes   ☐ No

If so what was your classification:

☐ ED       ☐ SLD       ☐ MD        ☐ OHI        ☐ Other __________________________

If you were involved with Child Study team, you must provide your IEP when you turn in your application.

Did you ever take TASC Prep Classes:

Yes ☐       No ☐ Where taken: __________________________________________

When taken: __________________________________________

Did you ever take the TASC test:

Yes ☐       No ☐ Where taken: __________________________________________

When taken: __________________________________________

Scores: __________________________________________
I acknowledge that the information provided on this application is true and correct to the best of my knowledge. I understand and agree that falsification of information on this application could lead to dismissal from the Youth Education & Career Center at GCIT.

Signature of Participant

Date

Signature of Parent
(if participant is under 18 years of age)

Date

Gloucester County Institute of Technology offers equal opportunity to qualified individuals regardless of race, creed, color, religion, ancestry, sex, age, effectual or sexual orientation, marital status, gender, national origin, socioeconomic status, disability or veteran’s status.
CERTIFICATION OF NON-ENROLLMENT IN SCHOOL
FOR 16 TO 21 YEAR OLDS

THIS FORM MUST BE COMPLETED AND PRESENTED AT THE TIME OF REGISTRATION IN AN ADULT EDUCATION PROGRAM

PART A: TO BE COMPLETED BY APPLICANT
(16 & 17 YEAR OLDS – PARENT/GUARDIAN MUST SIGN)

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<th>Last Name</th>
<th>First</th>
<th>MI</th>
<th>Social Security Number</th>
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<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Telephone #: ( )</th>
<th>Birth Date: / /</th>
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<td>Month Day Year</td>
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If any information is misrepresented on this form, the State of New Jersey reserves the right to invalidate any program and deny further access to any adult program options.

Applicant’s signature: ___________________________ Date: ____________

Parent/Guardian’s signature: ___________________________ Date: ____________
(for 16 & 17 year olds only)

PART B: TO BE COMPLETED BY SUPERINTENDENT OR HIGH SCHOOL PRINCIPAL IN THE PUBLIC SCHOOL DISTRICT OF RESIDENCE

I, the undersigned, do hereby certify that ___________________________ is not on school rolls in this district.

Signature of Principal Or Superintendent ___________________________ Date: ____________

Title: ___________________________ Telephone #: ( )

School District: ___________________________

Place Raised
School Seal or
Notary’s
Signature here

THIS FORM SHALL BE RETAINED AS PART OF STUDENT’S RECORD AT THE YOUTH EDUCATION & CAREER CENTER AT GCIT