



YOUTH CAN
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FIRST AND LAST NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CITY AND ZIP CODE: _____

WHAT YEAR WERE YOU BORN? _____ WHAT IS YOUR AGE? _____

WHAT IS YOUR PRIMARY RACE?

- American Indian/Alaska Native Native Hawaiian or Other Pacific Islander Asian
- Black/African American White Other

WHAT IS YOUR ADDITIONAL RACE? (If applicable)

- American Indian/Alaska Native Native Hawaiian or Other Pacific Islander Asian
- Black/African American White Other

WHAT IS YOUR ETHNICITY? Hispanic Non-Hispanic

GENDER: Male Female Other Prefer not to answer

WHICH OF THE FOLLOWING PROGRAMS DO YOU CURRENTLY PARTICIPATE IN? SELECT ALL THAT APPLY.

- Medicaid TANF Food Stamps (SNAP benefits, EBT) Free and Reduced Lunch
- I do not receive assistance from any of these programs

(For those who answer that they receive federal benefits) Please upload documentation of your participation in at least one of the programs you selected.

WHICH OF THE FOLLOWING STATEMENTS, IF ANY, APPLY TO YOU? SELECT ALL THAT APPLY.

- I live in a single parent home I live with parents and at least one of them does not have a high school diploma
- I live in foster care None of these statements above apply to me

CHECK HERE IF YOU NEED A TRANSLATOR AT ANY OF THE EDUCATION PROGRAMS