

Summer Youth Employment Program 2026 Application Packet Instructions

Attached is the Summer Youth Employment Program packet. This program provides local youth with meaningful work experience that supports their future education and career goals.

Applicants must be residents of Columbia County and between the ages of 16 and 19. Students who are 19 years old must be graduating in 2026 to be eligible to participate.

If you are interested in participating, carefully review the packet and complete pages 1 through 3 of the application, along with the TANF SYEP Eligibility Form and all required documentation. Please write legibly and use blue or black ink when completing the application.

A student's or their family's income does not qualify or disqualify a youth from participating in the program. The TANF form is used only to determine the funding source for a student's wages.

Completed applications must include the applicant's signature and a parent or guardian signature. **The full application packet, including all required documents, must be submitted no later than April 24, 2026, at 12:00 PM.**

Applications should be submitted to:

CareerSource North Central Florida
Florida Gateway College
127 SE Student Way – 003
Music Suite
Lake City, FL 32025

Due to the high volume of applications, incomplete applications will not be considered, and applications received after the deadline will not be accepted.

Applicants selected for interviews will be contacted no later than May 8, 2026.

Students selected for an interview are strongly encouraged to review the suggested article by scanning the included QR code for guidance on appropriate interview attire. If an interviewee needs assistance obtaining interview-appropriate clothing, they may call or text Community Relations at 386-984-6392.

Students accepted into the program will be required to complete the Florida Ready to Work Soft Skills course through CareerSource North Central Florida after interviews and prior to onboarding.

Important Dates

April 24, 2026, at 12:00 PM	Application deadline
April 27 – May 8	Applications reviewed and interview candidates selected
Mid-May	Student interviews conducted
End of May	Florida Ready to Work course and onboarding meeting

For questions regarding the TANF form, please contact Ms. Howard. For general program questions, you may contact either of the following:

Elissa Howard
CareerSource Center Specialist
edhoward@careersourcencfl.com
O: 386-243-6647 ext 5907

Ashley Hardison
Community Relations Coordinator
hardisona@lcfldpd.com
O: 386-719-5742
C: 386-984-6392

Guidance on appropriate interview attire:



Summer Youth Employment Program Information:



Summer Youth Employment Program Application

Applicant Information

Full Name: _____

Date of Birth: _____ Gender: _____ Race: _____

Email: _____

Phone Number: _____ Is this a cell phone? Yes No

Do you consent to receiving text messages? Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Program Dates

The Summer Youth Employment Program will run from June 8 through July 16.

Are you able to participate for the full duration of the program? Yes No

Do you have extracurricular activities, summer classes, vacations, or other scheduled events that may cause you to miss time from the program? Yes No

If yes, please list the dates and reason(s): _____

Parent / Guardian Information

Parent / Guardian Name: _____

Parent / Guardian Phone Number: _____

Parent / Guardian Email: _____

Education

Are you currently attending school full time? Yes No

Name of School: _____

Current Grade Level: _____

Are you currently enrolled in any vocational or training programs? Yes No

If yes, please list: _____

Program Readiness

Do you have basic computer skills? Yes No

Do you have reliable transportation? Yes No

Do you need childcare assistance to participate in this program? Yes No

Do you have attire suitable for a job interview? Yes No

Do you have any limitations that would prevent you from working in this program? Yes No

If yes, please explain: _____

WORK EXPERIENCE

If no prior work experience write "None". If additional space is needed, please attach a separate sheet.

Employer Name: _____

Job Title: _____

Dates Employed: From _____ To _____

Rate of Pay (if applicable): _____

Reason for Leaving: _____

Tasks Performed: _____

INFORMAL WORK EXPERIENCE

Describe any informal work experience you may have had (for example: babysitting, yard work, helping family members, volunteering, etc.)

Program Screening Questions

1. Why do you want to participate in the Summer Youth Employment Program?

2. What skills or strengths do you have that would make you a good employee?

3. Describe a time when you were responsible for completing a task or helping someone. What did you do and what was the result?

Applicant Certification

- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I certify that the information provided in the TANF SYEP Eligibility Form is true and complete to the best of my knowledge.
- I read and understand the cover letter.
- I understand that submitting an incomplete application or providing false information will result in disqualification from, or dismissal from, the Summer Youth Employment Program.

Applicant Signature: _____ Date: _____

Parent / Guardian Approval

Parent / Guardian Signature: _____ Date: _____

Staff Use Only

Application Received By: _____

Date: _____

Notes: _____

TANF SYEP 2026 ELIGIBILITY FORM

Summer Youth Employment Program			
Participant's Name:		SSN:	
If no SSN, was proof of SSN application provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the participant a United States Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If no, is the participant a Qualified Non-Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEMOGRAPHIC INFORMATION			
Family Size:	Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			
City:	State:	ZIP Code:	
Phone Number:	Alternate Number:		

ELIGIBILITY CATEGORIES-ENROLLMENT BENCHMARKS

Purpose 1: Assist needy families so that children can be cared for in their homes or homes of relatives Yes No

- Eligibility Criteria:**
- In a family receiving Temporary Cash Assistance
 - Residing in the home of a parent
 - Residing in the home of a caretaker

Documentation Criteria: Florida Screens Required

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Purpose 2: Reduce the dependency of needy parents by promoting job preparation, work, and marriage Yes No

- Eligibility Criteria:**
- Participant's family income does not exceed 200% of the Federal Poverty Level (FPL)

Documentation Criteria: Check all that apply

Tax Returns Pay Stubs-Last 30 Days Employment Verification Form

Unemployment Verification Other _____ Free & Reduced Lunch Verification

2026 Federal Poverty Level 200%			
Persons In Family/Household	Poverty Guideline	Persons In Family/Household	Poverty Guideline
1	\$31,920	5	\$77,360
2	\$43,280	6	\$88,720
3	\$54,640	7	\$100,080
4	\$66,000	8	\$111,440

Note: For families/households with more than 8 persons, add \$11,360 for each additional person.

PRIVACY ACT STATEMENT

_____ **I understand** that I am required by law to provide my SSN or proof that I have applied for a SSN, if I do not currently have one to receive TANF funded benefits/services. This is mandatory under the Social Security Act, Section 1137. The SSN is used to administer the program and associate all services, correspondence and participation with the appropriate individual.

_____ **I understand** that if I do not have a SSN and I do not know how to apply for one, I can request help from the CareerSource Center or other program provider.

_____ **I understand** that my SSN will be used to associate all records to my identification, including program participation and the receipt of benefits/services.

Participant: (Signature) _____ **(if 18 or older) Date:** _____

Parent/Guardian: (Signature) _____ **Date:** _____

LWDB Staff: (Print) _____ **Phone Number:** _____

LWDB Staff: (Signature) _____ **Date:** _____

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.