

BACKGROUND INFORMATION

| Full Legal Name * | | | | | | |
|--|--|--|--|--|--|--|
| Preferred First Name (optional) | | | | | | |
| Date of Birth* (mm/dd/yyyy) | | | | | | |
| Email* | | | | | | |
| Street Address* | | | | | | |
| Do you live In St. Paul?YesNo (You must live in the | e city of Saint Paul to be eligible for this program.) | | | | | |
| Phone Number* | | | | | | |
| Are you eligible to work in the U.S.?YesNo | | | | | | |
| Family Members in Your Household & Household Income? (Tips: 1. Include yourself as a member 2. Look for the number household income you fall under. | • | | | | | |
| 1 Person & Income is equal or MORE than \$46,001 | · | | | | | |
| · | 5 Persons & income is equal or MORE than \$71,001 | | | | | |
| 2 Persons & income is equal or <u>LESS than \$52,600</u> | 6 Persons & income is equal or LESS than \$76,250 | | | | | |
| 2 Persons & income is equal or MORE than \$52,601 | 6 Persons & income is equal or MORE than \$76,251 | | | | | |
| 3 Persons & income is equal or <u>LESS than \$59,150</u> | 7 Persons & income is equal or <u>LESS than \$81,500</u> | | | | | |
| 3 Persons & income is equal or MORE than \$59,151 | 7 Persons & income is equal or MORE than \$81,501 | | | | | |
| 4 Persons & income is equal or LESS than \$65,700 | 8 Persons & income is equal or LESS than \$86,750 | | | | | |
| 4 Persons & income is equal or MORE than \$65,701 | 8 Persons & income is equal or MORE than \$86,751 | | | | | |
| Do you have any barriers to employment? (Please check all | that apply) | | | | | |
| I am pregnant or parenting I have limited English proficiency I have dropped out of high school or I have a high potential of dropping out | I have a disability (including learning disabilities) I am in transition (currently homeless or a runaway) I am chemically dependent, or I am a child of | | | | | |
| ☐ I am a juvenile offender or in a diversion | drug or alcohol abusers/dependents ☐ I have deficiencies with basic skills | | | | | |
| program I receive public assistance and/or group home | I have deficiencies with basic skillsI am in foster care | | | | | |
| services | □ None of these apply to me | | | | | |

EDUCATION INFORMATION

| | | - | / Tanada a a a a a | | | | | | |
|--------|----------|-----------------------------|--------------------|----------------|----------|-----------|-----------------|----|---------|
| | | _ | / Trade cour | ses | | | | | |
| | | st year of c cond year c | _ | | | | | | |
| | | ird year of | _ | | | | | | |
| | | | years of colle | oge . | | | | | |
| | | ar or more | years or cone | -80 | | | | | |
| | Are yo | u currently | in school? _ | YesNO | If | f yes, sc | hool name: | | |
| | | | | DEMOGR | APHIC IN | FORM | IATION | | |
| | What i | s your prim | nary language | e? (Select One |) | | | | |
| | | English | | | Karen | | | | Russian |
| | | Spanish | | | Chinese | | | | Other: |
| | | Hmong | | | Japanese | | | | |
| | | Somali | | | French | | | | |
| | | | | | | | | | |
| | What o | _ | ages do you | speak? (Check | | ge you | speak) | | |
| | | English | | | Karen | | | | Russian |
| | | Spanish | | | Chinese | | | | Other: |
| | | Hmong | | | Japanese | | | | |
| | | Somali | | | French | | | | |
| | | | | | | | | | |
| Gende | r | | | | | | | | |
| | Ma | le | Female | Non-Bina | aryC | Custom | | | |
| Your R | ace/Eth | nicity (Seled | ct all that app | oly) | | | | | |
| | Native | American / | 'Indigenous | | | | Black / African | Αn | nerican |
| | Asian / | Pacific Isla | nder | | | | White | | |
| | Latino | / Hispanic | | | | | Multi-Racial | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Were o | one or m | ore of you | r parents bor | rn outside the | US?Yes | i | No | | |

EMERGENCY CONTACT INFORMATION

All applicants under age 18 must list their parent and guardian info. Parent or Guardian Full Name: Parent or Guardian Phone: _____ Parent or Guardian Email: In case of an emergency and we cannot contact your parent or guardian please list an alternate emergency contact. Emergency Contacts Full Name: _____ Emergency Contacts Phone Number: _____ Emergency Contact's Email: _____ Relationship with Emergency Contact: **CAREER INTERESTS & SKILLS** WHAT ARE YOUR CAREER PATH INTERESTS? (Select All that Apply) ☐ Agriculture, Environmental Management & Food ☐ Architecture & Construction ☐ Arts & Communication ☐ Business, Management and Administration ☐ Customer Service Design Education ☐ Finance & Accounting ☐ Government & Public Administration ☐ Health Science ☐ Hospitality ☐ Human Services Information Technology (IT) Law ☐ Manufacturing ☐ Marketing and Communications □ Natural Resources □ Public Safety and Security ☐ Recreation/Outdoor ☐ Science, Technology, Engineering and Math ☐ Skilled Trade/Craft

☐ Youth Services

| How well do you do wit | h time | mana | gemei | nt? | | |
|---|----------|--------------------|---------|---------|---------|--|
| I struggle to set realistic goals and I'm | | | | | | I use time wisely and always complete tasks |
| sometimes late with assignments | 1 | 2 | 3 | 4 | 5 | on time |
| Do you enjoy problem s | olving | ? | | | | |
| I struggle to find solutions on my own | | | | | | I demonstrate a strong ability to solve problems |
| , | 1 | 2 | 3 | 4 | 5 | , |
| How do you deal with m | nulti-ta | sking? | • | | | |
| It's hard for me to | | | | | | I work smart and focus on |
| decide where start | 1 | 2 | 3 | 4 | 5 | what's most important |
| | | | ι | JX AC | ADE | MY PROGRAM FIT |
| | nces. U | JXers r aking t | nay re | search | how | mans interact with: physical objects, digital applications, and beople are feeling about a design, as well as create potential the intended users. |
| I struggle working with | itii oti | <u> </u> | | | | I demonstrate a strong ability |
| others | | 1 | 2 | 3 | 4 | to work collaboratively. |
| | • | _ | _ | 3 | • | , and the second |
| How would you rate you | ır typiı | ng skil | ls on a | lapto | p or de | esktop computer? |
| My typing can use some improvement | | | | | | I can accurately type at least 30+ words per |
| some improvement | 1 | 2 | 3 | 4 | 5 | minute |
| What is your experience | with § | graphi | c desi | gn soft | ware? | |
| I have never used | | | | | | know how to use |
| graphic design software | 1 | 2 | 3 | 4 | | Photoshop, Adobe InDesign, and Adobe |
| | _ | _ | = | | 1 | Illustrator, or similar |
| | | | | | | graphic design software |

| Doing research to under information. | stand w | vhat tl | hings a | are im | portan | t to users and creating many different ideas based on that |
|---|------------------------|---------|---------|---------|---------|--|
| This does not interest me at all | 1 | 2 | 3 | 4 | 5 | This is extremely interesting to me |
| Taking an idea and think | ing thre | ough t | he ste | ps nee | eded to | o make that idea a reality. |
| This does not interest me at all | 1 | 2 | 3 | 4 | 5 | This is extremely interesting to me |
| require out-of-class | room <i>(pect</i>) | wor | k tim | ne, es | tima | . In addition to in-class time, this program will ted to be about 15-20 hours each week. a night about 2-3 times a week, and 10-12 hours |
| Are you able to commit | to a full | l time | exper | ience? | (Selec | ct one) |
| What are your other con responsibilities, etc.) and | | | - | | | uring the 10 Week UX Experience (e.g. work, family e your time? |
| (Open ended) | | | | | | |
| Creating an interactive c | lickable | or ta | ppablo | e versi | on of a | an idea |
| This does not interest me at all | 1 | 2 | 3 | 4 | 5 | This is extremely interesting to me |
| Watching users interact | with a | design | and t | alking | to the | em about what's working or not working |
| This does not interest me at all | 1 | 2 | 3 | 4 | 5 | This is extremely interesting to me |

| What are your concerns about this opportunity? |
|---|
| (Open Ended – Paragraph) |
| |
| |
| |
| What excites you the most about this opportunity? |
| (Open Ended – Paragraph) |
| |
| |
| |
| |
| Is there anything else you would like to share? |
| (Open Ended – Paragraph) |
| |
| |
| |