



Ready. Set. Goal! 2021 Program Application

Program Overview

Ready. Set. Goal! is a new youth program hosted by the Office of Audit and Control. The goal of this program is to link youth in the City of Albany to economic opportunities and in turn build a pipeline of highly qualified young talent that will shape our community's economic future. Cooperative economics and personal and professional goal setting serve as the foundation of this initiative. *Ready. Set. Goal!* incorporates workshops, field experiences, and networking opportunities with local business leaders to foster an environment that encourages career exploration, critical thinking, and skills building.

Program Dates

***Ready. Set. Goal!* will be held Monday, August 16, 2021 through Friday, August 20, 2021.**

Examples of Featured Workshop

Topics Include:

- College Preparation
- Professional Etiquette
- Money Management
- Career Readiness
- Entrepreneurship

Participant Eligibility:

In order to be eligible, applicants must be:

- Entering the 8th or 9th grade at the start of the 2021-2022 Academic Year
- A City of Albany resident

Deadline to Apply

All completed applications including supplemental questions must be submitted by **5 p.m. Friday, July 23, 2021**. Applicants are not guaranteed acceptance into the program.

Program Contact

If you have any questions or need additional information, please contact Michele Andre, Auditor, at Mandre@albanyny.gov or 518-434-5023.

Mailing Address:

Attn: Michele Andre
24 Eagle Street, Room 111
Albany, NY 12207

Applicant Information

FULL NAME

Last Name	First Name	Middle Name
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ADDRESS

Street Address

City, State	Zip Code
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CONTACT INFORMATION

Phone Number (include area code)	Email Address
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Mailing Address (if different from Street Address)

City, State	Zip Code
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SCHOOL INFORMATION

School Name

School Address

Grade 8th 9th

DEMOGRAPHIC INFORMATION

_____ _____ _____
Age Date of Birth How do you Self Identify?

Race/Ethnicity (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic or Latinx | |

DIETARY RESTRICTIONS

Allergies

Other Dietary Restrictions

Parent/Guardian Information

Last Name First Name Middle Initial

Check here if Street Address is the same as applicant's

Street Address

City, State Zip Code

Phone Number (include area code) Email Address

Check here if Mailing Address is the same as applicant's

Mailing Address (if different from Street Address)

City, State

Zip Code

Emergency Contact

Last Name First Name Middle Initial

Relationship to applicant

Check here if Street Address is the same as applicant's

Street Address

City, State

Zip Code

Phone Number (include area code)

Email Address

**I, _____ give permission for my child, _____
to take part in The Office of Audit and Control's *Ready. Set. Goal!* youth program.**

Parent/Guardian Signature

Date

Supplemental Questions

Please answer the following questions.

1. Why are you interested in the *Ready. Set. Goal!* youth program?

2. How might *Ready. Set. Goal!* help you with your future success?
