



For Office Use Only
Received

Date: _____

Time: _____

Staff: _____

2024 Teen Stipend-Based Program Unified Application

Thank you for your interest in the NORD stipend-based Teen Programs, which includes Spring and Fall Internships (13-17), Teen Summer Career Camp (13-15), and Teens Sports Challenge (13-17). You will only need to complete this application once per year for participation in an/ or all of the programs listed above.

REQUIRED SUPPORTIVE DOCUMENTS

Each applicant must bring the completed application and copies of each of the following documents to his/her appointment. Space is limited and granted on a first come first serve basis. *Only the applicants with complete applications and copies of all supportive documentation will be accepted.* ***Applications MUST be completed annually.**

Please bring copies of all documents below:

Applicant Photo ID *One of the following items accepted.*

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> A Current School Photo ID | <input type="checkbox"/> Military ID |
| <input type="checkbox"/> State ID/Driver's License | <input type="checkbox"/> US Passport |

Applicant Birth Certificate or Birth Card

Applicant Social Security Card *(Letters will not be accepted.)*

Applicant 2023-2024 School Status *One of the following items accepted.*

- | | | |
|--|--|--|
| <input type="checkbox"/> 2023-2024 Report Card | <input type="checkbox"/> 2023-2024 Progress Report | <input type="checkbox"/> Home School Documentation |
|--|--|--|

Parent/Guardian Photo ID (for applicants ≤ 17)

Proof of Income *Must include ALL income received in the last 60 days. (Must show a 2024 date.)*

- | | |
|---|---|
| <input type="checkbox"/> (4) 2024 Consecutive Check Stubs | <input type="checkbox"/> Food Stamps/SNAP Award Letter (CURRENT YEAR) |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Notarized Letter of Unemployment/Self Employment |

Proof of Address/Residency *One of the following items accepted. (MUST HAVE A 2024 DATE)*

- | | |
|--|---|
| <input type="checkbox"/> Address on Check Stub | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> Mortgage Payment Form | <input type="checkbox"/> Voter's Registration Card |
| <input type="checkbox"/> Home Insurance Bill | <input type="checkbox"/> Signed Residential Lease Agreement |

Direct Deposit Form *Bank letter Required.

Photo Release Form. *Signature Required

Parent Waiver Letter of Payment Turnaround Time acknowledgement Form *Signature Required.



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NORD Stipend-Based Teen Programs are designed to provide teens with opportunities to gain valuable academic, cultural, and professional experiences to cultivate responsible, well-rounded career ready youth, while earning a stipend. Through meaningful opportunities offered to participants ages 13 – 17, teen participants will explore academic and cultural enrichment, careers, and entrepreneurship; gain technical and soft job skills development; and have fun. The programs help teens define and advance their career goals. For consideration, applications must be fully completed, and **copies of all supportive documentation** must be submitted. **THESE PROGRAMS ARE NOT JOBS!** Please choose which program(s) you are interested in.

- Spring Internship (6 weeks, Ages 13-17) Teen Career Camp (6 weeks, Ages 13-15 ONLY)
- Teen Summer Sports Challenge (6 weeks, Ages 13-17) Fall Internship (6 weeks, Ages 13-17)

APPLICANT INFORMATION	
LAST NAME: _____	FIRST NAME: _____ MI: _____
DATE OF BIRTH (MM/DD/YYYY): ____/____/____	AGE: _____
SOCIAL SECURITY NUMBER -----	<input type="checkbox"/> <input type="checkbox"/>
RACE/ETHNICITY: _____	GENDER: Male Female
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
TEEN'S EMAIL: _____	
PARENT EMAIL: _____	
PHONE NUMBER: (____)____-____	PARENT/GUARDIAN NUMBER: (____)____-____
ARE YOU CURRENTLY IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, SCHOOL CURRENTLY ATTENDING: _____	
CURRENT GRADE: _____	HIGHEST GRADE COMPLETED: _____
PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:	
PLEASE LIST ALL MEDICATIONS YOU ARE ALLERGIC TO:	
PLEASE LIST ANY PHYSICAL CONDITION(S) THAT MAY RESTRICT YOU FROM CERTAIN ACTIVITIES AND AMOUNT OF WORK YOU ARE ABLE TO PERFORM. IF ANY, PLEASE EXPLAIN:	
T-Shirt Size: Small _____ Medium _____ Large _____ X Large _____ 2XL _____ 3XL _____ 4XL _____ Other _____	



2024 Teen Stipend-Based Program Unified Application

APPLICANT INFORMATION

NUMBER OF FAMILY MEMBERS CURRENTLY LIVING IN YOUR HOUSEHOLD: _____

TOTAL FAMILY INCOME IN THE LAST SIX (6) MONTHS: _____

IF SUPPORTED BY PUBLIC ASSISTANCE, PLEASE CHECK AND SHOW PROOF FROM THE LIST BELOW:

- CURRENT OR RECENT AWARD LETTER FROM DCFS (SNAP AMOUNT) **OR**
- CURRENT FITAP AWARD LETTER – TANF **OR**
- OFFICIAL LETTER FROM SOCIAL SERVICES (MUST INCLUDE APPLICANT’S NAME, BENEFIT AMOUNT, AND BENEFIT DATES) **OR**

OTHER (SPECIFY): _____

IF NOT SUPPORTED BY PUBLIC ASSISTANCE, PLEASE CHECK AND SHOW PROOF FROM THE LIST BELOW:

- ALL INCOME RECEIVED IN THE LAST 30 DAYS FULL MONTH (MUST INCLUDE PAYEE NAME AND GROSS INCOME) (2024) **OR**
- CURRENT PENSION AWARD (2024) **OR**
- UNEMPLOYMENT BENEFITS DOCUMENT DATED WITHIN CURRENT YEAR (2024) **OR**
- IF SELF EMPLOYED (2024) NOTARIZED LETTER W/ MONTHLY INCOME (2024) **OR**
- OTHER (SPECIFY): _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF NEW ORLEANS TO EXAMINE AND COLLECT ALL PERSONAL RECORDS FOR THE PURPOSE OF DETERMINING ELIGIBILITY ON ANY CHILD, ANY FAMILY MEMBERS, AND MY SELF LISTED ON THIS APPLICATION FOR CITY PROGRAMS. I AM AWARE THAT IN- CORRECT OR FALSE INFORMATION MAY RESULT IN TERMINATION FROM THIS PROGRAM, THE REPAYMENT OF FUNDS AND/OR PROSECUTION FOR PERJURY OR FRAUD.

APPLICANT’S SIGNATURE

_____/_____/_____
DATE

PARENT/LEGAL GUARDIAN/INSTITUTION SIGNATURE
(FOR APPLICANTS 17 AND YOUNGER)

_____/_____/_____
DATE



2024 Teen Stipend-Based Program Unified Application

EMERGENCY CONTACT INFORMATION

Applicant's Name: _____ Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (_____) _____ - _____ Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: (_____) ----- _____ Cell Phone: (_____) ----- _____

Work Phone: (_____) ----- _____ Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: (_____) ----- _____ Cell Phone: (_____) ----- _____

Work Phone: (_____) ----- _____ Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: (_____) ----- _____ Cell Phone: (_____) ----- _____

Work Phone: (_____) ----- _____ Email: _____

ALL applicants **MUST** provide at least **three (3) emergency contacts** who may be contacted in the event of an emergency.



2024 Teen Stipend-Based Program Unified Application

By Virtue of participating in NORD Teen Programs, I acknowledge the following expectations and provisions for my child's a stipend-based participation:

1. I will submit a completed NORD 2024 Unified Application (Paper & Digital), with all supporting documentation.
2. *Because this is a federally funded program, paperwork MUST be complete and supporting documentation MUST be submitted.
3. I understand that NORD Stipend Based Program is NOT a job. Our program(s) are opportunities for teens in the community to gain job ready skills and meaningful interactions that result in a stipend incentive for participation.
4. I understand that, because of the lengthy and detailed processing, it could take up to 6 to 8 (after the program has ended) to receive stipend payment.
5. Also, because the preferred method of payment is via direct deposit, I do understand that if an account is not active, closed or accurate account information is not provided, it could take an additional 4 weeks to produce an actual paper check.

Student's Name Printed _____

Student Signature _____

Parent / Guardian Signature _____

Date Signed & Acknowledged _____

Please sign and return this form with a completed 2024 NORD Teen Unified application. A copy of this form will remain with the application as well as a signed copy will be provided for your records. Only completed applications will be accepted to move forward with Teen Career Camp placement.



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Nord Photo Release

I hereby grant full permission to NORD to use any photographs and/or videos taken of me or my child during classes, programs and activities, to be used for promotional purposes including printed materials, social media, website, etc.

I have read and understand the above.

Print Name (participant) _____

Signature _____

Date _____

Parent/Guardian Signature _____
(if under age 18)

NORD Staff: _____

Location: _____

Activity: _____

Description of activity: _____



2024 Teen Stipend-Based Program Unified Application

HOUSEHOLD SIZE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- OVER 8

GROSS FAMILY INCOME

- \$0.00 - \$36,750.00
- \$36,751.00-\$42,000.00
- \$42,001.00-\$47,250.00
- \$47,251.00-\$52,500.00
- \$52,501.00-\$56,700.00
- \$56,701.00-\$60,900.00
- \$60,901.00-\$65,100.00
- \$65,101.00-\$69,300.00
- \$ Over - \$69,301.00

HOUSEHOLD TYPE

- Single Parent, Female Head of Household
- Single Parent, Male Head of Household
- Two Parent Household

RACE/ETHNICITY

- African American / Black
- American Indian
- Alaskan Native
- Asian
- Caucasion/White
- Pacific Islander
- Other



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification on Page 3.**

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire on Page 4.**



Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. If you will file as head of household, enter "1" to claim one personal exemption and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

✂ **Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.**

Form L-4 Louisiana Department of Revenue	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2>
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1. Type or print first name and middle initial	Last name
2. Social Security Number	3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married
4. Home address (number and street or rural route)	
5. City	State ZIP
6. Total number of exemptions claimed in Block A	6.
7. Total number of dependents claimed in Block B	7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
----------------------	------

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)