



For Office Use Only
Received

Date: _____
Time: _____
Staff: _____

2025 Teen Stipend-Based Programs Unified Application

Thank you for your interest in the NORD Stipend-Based Teen Programs, which includes Spring and Fall Internships(ages 13-17), Teen Summer Career Camp(ages 13-15), and Teen Podcast(ages 13-17). You will only need to complete this application once per year for participation in any or all of the programs listed above.

The following documents are **required** at the time of registration (You must provide copies and bring originals for verification of documents). Space is limited and granted on a first come, first served basis.

Only completed applications with all supporting documentation will be accepted.

(Please check the box next to each item that is completed – **NORD Staff will verify before checking box**)

- ☐ **Completed Unified Application**
- ☐ **Photocopy of valid State-issued ID or Driver's License w/Orleans Parish address**
 - Needed for both parents, if 2 parent household
- ☐ **Proof of Orleans Parish Residency (Must have 2025 date)**
 - Utility bill: Entergy, Sewerage & Water Board, cable, phone, current home insurance bill, or pay stub documentation from 2025 with parent/guardian current Orleans Parish address. **Bill must be for service at the address on the application**
- ☐ **Proof of Income (Must have 2025 Dates)**
 - 4 Consecutive Pay Stubs, for ALL adult household members.
 - If there are two parents / guardians, provide proof of income for both parents / guardians.
 - SSI Award Letter with monthly amount and 2025 dates for distribution.
 - Food Stamp or Social Security Award Letters with amount and 2025 dates for distribution.
 - Retirement letter with monthly benefit amount.
 - If unemployed, letter from Louisiana Workforce Commission regarding unemployment and unemployment benefit amount or notarized letter stating current income is required.
 - If self-employed/business owner, a notarized letter stating current gross monthly income is required.
- ☐ **Teen's Photo ID**
- ☐ **Teen's Birth Certificate**
- ☐ **Teen's Social Security Card (Letters will not be accepted)**
- ☐ **Teen's School Status __2024-25 Report Card __2024-25 Home School**

1st

2nd

3rd

Pick Top 3 Career Camp Choices (placement is first come, first served)

Registrant's Signature _____ Date: _____





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2025 Teen Stipend-Based Program Unified Application

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. **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 Podcast (6 weeks, Ages 13-17)
☐ Fall Internship (6 week, Ages 13-17)

Teen's Information: (PRINT LEGIBLY)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: ☐ Male ☐ Female

Social Security Number _____

Race: ☐ African American/Black ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Caucasian/White
☐ Pacific Islander ☐ Multi Racial: (Specify): _____

Ethnicity: ☐ Latino ☐ Not Latino

Address: _____

City: _____ State: _____ Zip Code: _____

Teen's Phone Number _____

Teen's Email Address _____

T-Shirt Size: Child: ☐ XS ☐ S ☐ M ☐ L ☐ XL Adult: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ Other _____

Parent/Guardian Information:

Parent #1 Last Name: _____ First Name: _____

Parent #1 Home Phone: (_____) _____ Work/Cell Telephone: (_____) _____

Email address _____





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Parent #2 Last Name: _____ First Name: _____

Parent #2 Home Phone: (____) _____ Work/Cell Telephone: (____) _____

Email address _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Emergency Contact other than Parent/Guardian:

First Name: _____ Last Name: _____

Phone #: (____) _____ Relationship: _____

Is the Teen currently in school? ☐ Yes ☐ No

If yes, list the school currently attending _____

Current grade _____ Highest grade completed _____

By virtue of participating in NORD Teen Programs, I acknowledge the following expectations and provisions for this stipend-based participation:

- I will submit a completed NORD 2025 Teen Stipend-based Programs Unified Application (Paper & Digital), with all supporting documentation.
- I understand that NORD Stipend-Based Programs is NOT a job. Programs are opportunities for teens in the community to gain job ready skills and meaningful interactions that result in a stipend incentive for participation.
- I understand that, because of the lengthy and detailed processing, it could take up to 6-8 weeks (after program has ended) to receive stipend payment.

Teen's Printed Name _____

Teen's Signature _____

Date signed _____

Parent/Guardian Signature _____

Date signed _____





2025 Registration Questionnaire

*** The information in this questionnaire is used for grant and reporting purposes only. Copies of support documentation such as check stubs, award letters, along with proof of residency, etc. are required to complete registration.

Teen Information:

Last Name: _____ First Name: _____ MI: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____ MI: _____

Household size: circle the number of family members living in your household

**Household means all person(s) who occupy a housing unit. The occupants may be single family, one person living alone, two or more families living together, or any other group of related or unrelated person who share living arrangements.*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ Over 8

Gross income and ethnicity (check the space in columns that most accurately describes your household):

GROSS INCOME (please check only one)	RACE/ETHNICITY (please check all that apply)
<input type="checkbox"/> \$ 0.00 – \$ 36,750.00	<input type="checkbox"/> Black/African American
<input type="checkbox"/> \$ 36,751.00 – \$ 42,000.00	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> \$ 42,001.00 – \$ 47,250.00	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> \$ 47,251.00 – \$ 52,500.00	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> \$ 52,501.00 – \$ 56,700.00	<input type="checkbox"/> Asian
<input type="checkbox"/> \$ 56,701.00 – \$ 60,900.00	<input type="checkbox"/> Asian & White
<input type="checkbox"/> \$ 60,901.00 – \$ 65,100.00	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> \$ 65,101.00 – \$ 69,300.00	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> \$ Over – \$ 69,301.00	<input type="checkbox"/> Other _____

Household Type (Check the best description of your household):

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

I certify that all the information provided herein is true and correct and that all household income is reported.

Parent/Legal Guardian Signature _____

Date _____





Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 05/31/2027

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	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
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.		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)							
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
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.						First Day of Employment (mm/dd/yyyy):	
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)

Louisiana Department of Revenue

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. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

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. Enter "1" to claim one personal exemption if you will file as head of household, 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**Employee's Withholding Allowance Certificate**

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
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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

OMB No. 1545-0074

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.

2025**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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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)