



BOARD OF SUPERVISORS

P.O. Box 689
Port Gibson, MS 39150

Phone: (601) 437-5216
Fax: (601) 437-4430

Dear Class of 2022 Claiborne County High School Graduate:

RE: Summer Employment Opportunity

The Claiborne County Board of Supervisors and Entergy Mississippi are proud to announce the 2022 Summer Work - S.T.E.M. Program. The program is designed to provide you with an opportunity to earn income this summer, begin to build your employment history, and to gain S.T.E.M knowledge for future career development and leadership. Graduates of the Claiborne County High School Class of 2022 will be given first preference. Incoming seniors, Class of 2023 can apply if there are positions remaining in the 2022 program.

The Program operates June, July, and end August, 2022. Approximately 100 students are expected to participate for two weeks, with 25 students per two week session. Selected participants will be required to work in a County Government-related office from 8 am until 3:30 p.m., Monday through Friday with a 30 minute lunch break. The participants are expected to work seven (7) hours per day and will be paid a stipend equal to \$7.25 per hour. A mandatory requirement of this Program is that the participants are required to attend S.T.E.M. related Programming on one day per week, depending on scheduling, (8am until 12noon) during the term of employment. These educational programs will be held at a designed location. The participants will not be paid for these weekly mandatory STEM educational day programs. Additional mandatory activities include completion of a non-paid Community Service Project, and the completion of a resume by each STEM Student.

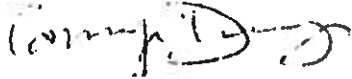
Please find attached a copy of an application for this program. It is important that you complete the full application and attach the following documents:

- a. proof of County residency;
- b. a copy of your Social Security Card; copy of an additional state-issued form of identification (Driver's license, State issued ID, or Birth Certificate); and
- c. a copy of your most recent Report Card or Diploma.

The completed application, along with the requested documents, must be returned to the Claiborne County Economic Development District Office (located on the 2nd floor of the Matt Ross County Administration Building), 510 Main Street, Port Gibson, MS 39150 by Wednesday, June 01, 2022 to be eligible for the first session, beginning on June 07, 2022. Additional applications will be accepted until the program is filled for the additional sessions.

Please contact the Claiborne County Economic Development District office at (601) 437-2006 for additional information.

Sincerely,



Coney Dorsey

President, Claiborne County Board of Supervisors

"Where the Past & Future Go Hand in Hand."
Claiborne County Board of Supervisors Application For
Student Summer Work — S.T.E.M. Program

P.O. Box 689
510 Market Street
Port Gibson, MS 39150
Office Number (601) 437-5216
Fax (601) 437-4430

Claiborne County Board of Supervisors
Application
For
Student Summer Work – S.T.E.M. Program

P.O. Box 689
510 Market Street
Port Gibson, MS 39150
Office Number (601) 437-5216
Fax Number (601) 437-5576

This Application must be completed, in full, to be considered for this Program.

Personal Information:

Name of Student: _____

Address: _____

Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Sex: M F Ethnicity: _____ Age: _____

What County Supervisory District do you live? 1 2 3 4 5

Education:

	<u>Name of School</u>	<u>Years attended</u>	<u>Graduation Date</u>
Middle School:	_____	_____	_____
High School:	_____	_____	_____

Where did you attend school this school Year (2021-2022)?

What is your Overall GPA? _____

Attach A Copy of your Report Card to this Application:

What school subjects do you like most?

What school subjects do you like least?

What is your Career ambition?

What is your Goal for 2021-2022?

Are you involved in any extracurricular activities (Sports, Clubs, Church, Community Volunteer, etc.)?

Have you been previously employed? Where?

References:

(Teacher, Coach, Pastor, Neighbor, Etc.)

	Name	Address	Phone #
1.	_____		
2.	_____		
3.	_____		

I certify that the facts provide on this application are true to the best of my knowledge I am aware that the information I have provided is subject to review/verification, and I may have to provide documents to support this application. I am aware that I am subject to immediate termination if I am found ineligible after enrollment. I allow release of these facts for verification purposes and understand that it will be used to determine eligibility.

Application's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____

(Print Name)

(Emergency Contact Phone Number)