

APPLICATION FORM Community

APPLICANT INFORMATION

Full Name : _____

Address : _____

City : _____ Zip Code : _____

E-Mail : _____ Phone : _____

Other Phone : _____ Is English your first language? Yes No

I am a : US Citizen Permanent Resident Other (please specify) _____

Did you graduate from high school?: Yes No If yes, what year? _____

If no, highest grade completed? _____ Have you attended college before? Yes No

If yes, where, how many credits did you earn, and why did you stop? _____

Do you live: Alone / With parents / With friends / With spouse or companion / With siblings / Other:

Do you work?: Yes No If yes, where? _____

What is your annual household income before taxes (everyone living in your residence)? _____

What is your annual family income before taxes (you, your spouse, and children)? _____

Which, if any, entitlements (such as SSI, WIC, TANF) do you receive? _____

Do you have children? Yes No If yes, what ages? _____

Will you need childcare to participate in this program? Yes No

Military Branch _____ Years Served _____ Locations _____

Please see the back side of the application for further instructions.

