

# Literacy Council of Jackson County

## STUDENT APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ Oregon 975 \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Month Day Year  
 Gender:  Female  Male

Please Check the Appropriate Box.		(Information Required for Federal Funding)
<b>School Years Completed</b>	<b>Highest Diploma/Degree Earned</b>	<b>Age</b>
<input type="checkbox"/> 0 - 4	<input type="checkbox"/> None	<input type="checkbox"/> 18 - 24
<input type="checkbox"/> 5 - 8	<input type="checkbox"/> GED	<input type="checkbox"/> 25 - 44
<input type="checkbox"/> 9 - 12	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> 45 - 59
<input type="checkbox"/> 13 - 16	<input type="checkbox"/> Tech/Trade School	<input type="checkbox"/> 60 & over
<input type="checkbox"/> 17 +	<input type="checkbox"/> AA/AS Degree	<b>Instructional Program</b>
<b>Ethnicity</b>	<input type="checkbox"/> College/University	<input type="checkbox"/> ABE
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Graduate Studies	<input type="checkbox"/> ESL
<input type="checkbox"/> White	<input type="checkbox"/> Special Education	<input type="checkbox"/> Citizenship
<input type="checkbox"/> Asian	<b>Native Language</b>	<input type="checkbox"/> GED Preparation
<input type="checkbox"/> Black/African American	<input type="checkbox"/> English	<input type="checkbox"/> Pre-Employment
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Spanish	<input type="checkbox"/> Workforce Literacy
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Family Literacy
<input type="checkbox"/> American Indian	<input type="checkbox"/> Chinese	<b>Employment Status</b>
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Russian	<input type="checkbox"/> Full-time
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Farsi	<input type="checkbox"/> Part-time
<b>Reason for Enrollment</b>	<input type="checkbox"/> Other: _____	Days: _____
<input type="checkbox"/> Improve Basic Skills	<b>Disabilities</b>	Hours: _____
<input type="checkbox"/> Improve English Skills	<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Unemployed
<input type="checkbox"/> HS Diploma/GED	<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Not seeking work
<input type="checkbox"/> Get a Job	<input type="checkbox"/> Learning disabled	<input type="checkbox"/> Retired
<input type="checkbox"/> Improve Job/Position	<b>How did you find out about this program?</b>	<input type="checkbox"/> Homemaker
<input type="checkbox"/> Enter College	<input type="checkbox"/> TV/Radio <input type="checkbox"/> Newspaper	<input type="checkbox"/> Receiving public assistance
<input type="checkbox"/> Personal/Family Goal	<input type="checkbox"/> Library <input type="checkbox"/> Other: _____	<input type="checkbox"/> Receiving disability
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Employer _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____		

Have you ever been convicted of a felony? Yes No If yes, when? \_\_\_\_\_

Do you have transportation available to go to a tutoring site? Yes No

Do you need to be tutored at home? Yes No

Will you practice at home? Yes No

Do you have young children in your home? Yes No

Please indicate days of the week and list hours you are available for tutoring:

Days:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Hours: \_\_\_\_\_

**For Office Use Only:**

Active  Reinstated  Hold

Date matched with Tutor: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_