

Literacy Council of Jackson County

STUDENT APPLICATION FORM

RETURN TO:
P.O. BOX 615
MEDFORD, OR 97501

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

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: _____
