



# Literacy Door County, Inc.

## Student Application

### PLEASE PRINT -- ABOUT YOU AND YOUR FAMILY

NAME \_\_\_\_\_ COVID VACCINATIONS? \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ TEXT? \_\_\_\_\_ WHATSAPP \_\_\_\_\_ COMPUTER USE YES NO

EMAIL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

MARITAL STATUS MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOW \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_ CHILDREN UNDER 18 \_\_\_\_\_

### **CONTACT PERSON (IF STUDENT CANNOT BE REACHED)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### **EDUCATION**

LAST YEAR COMPLETED \_\_\_\_\_ HIGH SCHOOL DIPLOMA \_\_\_\_\_ GED \_\_\_\_\_ TECH/TRADE SCHOOL \_\_\_\_\_ UNIVERSITY \_\_\_\_\_

LOCATION \_\_\_\_\_ LEARNING DISABILITIES \_\_\_\_\_

HAVE YOU ATTENDED ANOTHER LITERACY GROUP? \_\_\_\_\_ WHERE \_\_\_\_\_

### **EMPLOYMENT**

FULL TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ WHERE \_\_\_\_\_

HOURS PER WEEK \_\_\_\_\_ 1<sup>ST</sup> SHIFT \_\_\_\_\_ 2<sup>ND</sup> SHIFT \_\_\_\_\_ 3<sup>RD</sup> SHIFT \_\_\_\_\_

POSITION \_\_\_\_\_

OTHER \_\_\_\_\_

### **ETHNIC ORIGIN (USED FOR STATISTICAL PURPOSES ONLY)**

WHITE \_\_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_\_ HISPANIC/LATINO \_\_\_\_\_ ASIAN \_\_\_\_\_ EUROPEAN \_\_\_\_\_  
NATIVE AMERICAN/ALASKA NATIVE \_\_\_\_\_ OTHER \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ HOW LONG IN US \_\_\_\_\_

NATIVE LANGUAGE \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_

HOW WELL DO YOU READ, WRITE AND/OR SPEAK ENGLISH? FLUENTLY \_\_\_\_\_ SOME \_\_\_\_\_ NONE \_\_\_\_\_

OTHER LANGUAGES \_\_\_\_\_

### **GOALS AND EXPECTATIONS**

HOW DID YOU LEARN ABOUT OUR PROGRAM? FRIEND \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ RADIO/TV \_\_\_\_\_  
CHURCH \_\_\_\_\_ LIBRARY \_\_\_\_\_ EMPLOYER \_\_\_\_\_ NWTC \_\_\_\_\_ SCHOOL \_\_\_\_\_  
OTHER \_\_\_\_\_

PRIMARY REASON FOR SEEKING HELP IMPROVE BASIC ENGLISH SKILLS \_\_\_\_\_ GET A JOB/BETTER JOB \_\_\_\_\_

MEET PERSONAL GOALS \_\_\_\_\_ OBTAIN GED/HSED \_\_\_\_\_ OBTAIN CITIZENSHIP \_\_\_\_\_

OBTAIN VOCATIONAL OR POST-SECONDARY EDUCATION \_\_\_\_\_

OTHER \_\_\_\_\_

## TUTORING QUESTIONS

PREFERRED TIMES FOR TUTORING

\_\_\_\_\_ MORNING (8 TO NOON)    \_\_\_\_\_ AFTERNOON (NOON TO 5)    \_\_\_\_\_ EVENING (5 TO 9)

PREFERRED DAYS FOR TUTORING    \_\_\_ SUN \_\_\_ MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ SAT

DO YOU HAVE ACCESS TO A CAR?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

TUTOR PREFERENCE    \_\_\_\_\_ MALE    \_\_\_\_\_ FEMALE    \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

TUTORING LOCATION PREFERENCE

\_\_\_\_\_ **SOUTHERN DOOR** \_\_\_\_\_ **STURGEON BAY** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**EVALUATOR** \_\_\_\_\_

**DATE**

\_\_\_\_\_

Fee Paid \_\_\_\_\_ Fee Deposited \_\_\_\_\_ Paired Tutor \_\_\_\_\_ Entered Computer \_\_\_\_\_