



GREAT EXPECTATIONS APPLICATION

FIRST NAME _____ MIDDLE NAME _____

LAST NAME _____ EMPL ID # _____ DATE: ___/___/___

ADDRESS _____

SCHOOL EMAIL _____

PERSONAL EMAIL _____

YOUR PHONE NUMBER _____

PROGRAM/MAJOR _____

DATE OF BIRTH ___/___/___ GENDER _____ RACE _____

HOUSING TYPE: CHECK ONE

- ____ INDEPENDENT LIVING
- ____ GROUP HOME
- ____ FOSTER HOME
- ____ ADOPTIVE HOME
- ____ APARTMENT
- ____ NO FIXED ADDRESS
- ____ FOSTER HOME
- ____ BIOLOGICAL FAMILY
- ____ OTHER _____

*** Please indicate the name of the above housing; for example, Independent living, group home or foster home placement.**

STATUS: CHECK ONE

- ____ IN FOSTER CARE AT HS GRADUATION OR RECEIVING GED
- ____ CURRENTLY IN FOSTER CARE/INDEPENDENT LIVING
- ____ ADOPTED AFTER 13 YEARS OLD
- ____ SPECIAL NEEDS ADOPTION

FIRST SEMESTER ENROLLED FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

DEPARTMENT OF SOCIAL SERVICES DISTRICT _____

SOCIAL WORKER'S NAME _____

SOCIAL WORKER'S NUMBER/EMAIL _____

COUNELOR/MENTOR'S NAME/NUMBER _____

FOSTER PARENT'S NAME/NUMBER/EMAIL _____

HOW DID YOU HEAR ABOUT THE GREAT EXPECTATIONS PROGRAM? **CHECK ONE**

- ____ SOCIAL SERVICES WORKER
- ____ GROUP HOME
- ____ GREAT EXPECTATIONS STUDENT
- ____ FAMILY MEMBER
- ____ SPECIAL EVENT
- ____ REYNOLDS STUDENT
- ____ REYNOLDS STAFF OR FACULTY
- ____ OTHER

PREVIOUS EDUCATION:

- ____ HIGH SCHOOL GRADUATE
- ____ DATE GRADUATED

- ____ GED GRADUATE
- ____ DATE GRADUATED

LAST SCHOOL ATTENDED _____

LOCATION OF LAST SCHOOL _____

Which of these barriers may interfere with you completing school or getting a job?

- | | | | |
|---------------|----------------|-------------|--------|
| Child Care | Transportation | Housing | Income |
| Work Schedule | Medical Issues | Ex-Offender | |

DRIVER'S LICENSE? Yes No Suspended

LEARNER'S PERMIT? Yes No

SOURCE OF TRANSPORTATION _____

EMPLOYMENT INFORMATION

Are you employed? Yes No

Place of Employment _____

Average hours worked per week? _____ Wage per hour/Salary _____

How long have you been at this position? _____

Part-time _____ Full-time w/benefits _____ Full-time without benefits _____

Are you looking for a job now? Yes _____ No _____

What do you want to do with your career? _____