



GREAT EXPECTATIONS APPLICATION

FIRST NAME _____ MIDDLE NAME _____

LAST NAME _____ EMPL ID # _____

ADDRESS

SCHOOL EMAIL _____

PERSONAL EMAIL _____

YOUR HOME PHONE NUMBER _____

YOUR CELL NUMBER _____

PROGRAM/MAJOR _____

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

HOUSING TYPE: CHECK ONE

- ____ INDEPENDENT LIVING
- ____ GROUP HOME
- ____ FOSTER HOME
- ____ ADOPTIVE HOME
- ____ APARTMENT
- ____ HOMELESS
- ____ 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 AFTER THE AGE OF 13
- ____ CURRENTLY IN FOSTER CARE/INDEPENDENT LIVING
- ____ ADOPTED AFTER 13 YEARS OLD
- ____ SPECIAL NEEDS ADOPTEE

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

DEPARTMENT OF SOCIAL SERVICES DISTRICT OR ADOPTION AGENCY

CASE MANAGER/SOCIAL WORKER'S NAME _____

CASE MANAGER/SOCIAL WORKER'S PHONE NUMBER &
EMAIL _____

SPONSOR/MENTOR'S NAME & NUMBER _____

COUNSELOR'S OR FOSTER PARENT'S NAME & NUMBER _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

NAMES OF CHILDREN/AGES

_____	_____
_____	_____
_____	_____
_____	_____

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

- _____ SOCIAL SERVICES WORKER
 - _____ GROUP HOME
 - _____ GREAT EXPECTATIONS STUDENT
 - _____ FAMILY MEMBER
 - _____ SPECIAL EVENT
 - _____ J. SARGEANT REYNOLDS STUDENT
 - _____ J. SARGEANT REYNOLDS STAFF OR FACULTY
 - _____ OTHER
- _____

PREVIOUS EDUCATIONAL PROGRAMS: **CHECK ONE**

- _____ GED GRADUATE
- _____ HIGH SCHOOL
- _____ 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
Poverty	Work Schedule	Medical Issues	Ex-Offender

DRIVER'S LICENSE Yes _____ No _____ Suspended _____

SOURCE OF TRANSPORTATION:

Workforce Investment Act (WIA) Eligible?

Yes _____ No _____ (Answer: yes, if you were formerly in foster care)

Receives WIA Training Funds? _____ Amount of Funds _____

Are you interested in earning a Career Readiness Certificate while enrolled in the Great Expectations program? Yes _____ No _____

EMPLOYMENT INFORMATION

Are you employed? Yes _____ No _____

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 _____

Transportation to work: Bus _____ Car _____ Both _____

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

If yes, full time or Part-time? Full-time _____ Part-time _____

Day or Evening? Day _____ Evening _____

How much do you need to make "per hour"? _____

Where do you want to work? _____

What do you want to do? _____

FOLDER CHECKLIST

(For office use only)

____ COPY OF PHOTO ID/STUDENT ID

____ STUDENT PHOTO

____ PARTICIPANT COMMITMENT FORM

____ RELEASE OF INFORMATION FORM

____ IMAGE RELEASE FORM

____ FAFSA APPLICATION SUBMITTED ONLINE

____ SCHOLARSHIP APPLICATION

____ REYNOLDS APPLICATION SUBMITTED

____ DSS LETTER

ENROLLED IN CLASSES? _____

ENROLLMENT STATUS _____ FULL-TIME or _____ PART-TIME

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