Y\_­­­\_\_\_\_\_\_\_\_ Q\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Contact Information**  First Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_- \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_- \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Best time to call: AM PM  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Personal Information**  Gender: M F  Date of Birth: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_  Country Born: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Education**  High School Diploma: Yes No  Last grade completed: \_\_\_\_\_\_\_\_\_\_  School/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College/University: Yes No | |
| Library Card Holder: Y N | Familiar with computers: Y N | | | Home Internet Access: Y N |
| Registered for Selective Service (male ages 18 to 26): Yes No N/A  Planning to submit application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If no, then when? Within 3 months?  Within 6 months?  Within 1 year?  Submitted Application \_\_\_\_\_\_\_\_\_\_\_\_\_ Fingerprints Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this your second interview? Yes No | | | | |
| C:\Users\jkriksciun\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LQPGBK1X\MC900411244[1].wmf**DO NOT WRITE BELOW THIS LINE**  FOR ISSUING OFFICE ONLY  Last 4 digits of Green Card \_\_\_\_\_-\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Resident Since: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_ | | | | |
| **Knowledge of English**  (1=lowest, 5=highest)    Reading 1 2 3 4 5  Writing 1 2 3 4 5  Understanding 1 2 3 4 5  Speaking 1 2 3 4 5 | | **Placement**  Application Help Self-study Tutoring R W L Waiver Beginner Advanced  Tutor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Comments** | | **Passed:** Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Y\_\_\_\_\_ Q\_\_\_\_ | | |
| **Failed:** Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Y\_\_\_\_\_ Q \_\_\_\_ | | |
| **Naturalized:** Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Y\_\_\_\_\_ Q \_\_\_\_ | | |
| Please have a staff member at The American Place verify your information before signing your this form.  Make sure to bring your legal permanent residency card (green card) with you.  **I understand that student information is confidential and will be used only for program administration, research, and evaluation purposes.**  *Applicant Signature Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | |