

Student Application

Date _____

(Office use only)

Please Print Clearly

Name _____
First
Last

Male _____ Female _____ Date of Birth MM/DD/YY ____/____/____

Street _____ Town _____ Zip code _____

Home phone (_____) _____ Cell phone (_____) _____

E-Mail address _____ Does applicant speak any English? Yes ____ No ____

If no, English speaking contact person _____ Phone _____

Have you ever applied to our program before? Yes ____ No ____

Primary Language _____ Native Country _____

Are you employed? Yes ____ No ____ What is your occupation? _____

Do you have a library card? Yes _____ No _____

When are you available? (check as many as possible)

	Morning	Afternoon	Evening		Morning	Afternoon	Evening
Monday	_____	_____	_____	Friday	_____	_____	_____
Tuesday	_____	_____	_____	Saturday	_____	_____	_____
Wednesday	_____	_____	_____	Sunday	_____	_____	_____
Thursday	_____	_____	_____				

