

Foundation Enrollment Application

		Appl	lican	t Infor	mati	on				
Full Name:								Date		
Name.	Last	Fir	rst				M.I.	<u> </u>		
Address:										
Street Address								Apartment/Unit #		
	City						State		ZIP Code	
Phone:				Email						
									YE	
Are you a citizen of the United States?			NO	If no, are you authorized to work in the U.S.? $\begin{array}{c} S \\ \square \end{array}$ NO						
Have you ever worked for this company?		YES	NO	If yes, w	hen? _					
Have you ever been convicted of a felony?		YES	NO							
If yes, explain:										
Education										
Addres										
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From:	To:		Did you duate?		NO	Diplo	m a:			
			Addres							
Other:			S:							
From:	To:		Did you		NO	Degre	ee			

Counselor or Social Worker Reference

Please list	a Counselor or Social Worker reference.							
Full Name:		Relationship:						
Company :		Phone:						
Address:								
	Essay							
The V.L. Foundation believes in you. However, we want you to believe in you. Please write a 500-word maximum essay about your dreams and how our services can help you reach that goal. Please attach your essay with the application before submitting it,								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
Signature :		Date : _						
Guardian Signature:		Date : _						
Counselor Signature:		Date : _						
Social Worker Signature:		Date : _						