



**Marathon County Literacy Council, Inc.**  
 202 Callon St, 2nd Floor, Wausau, WI 54401  
 300 North First St, Wausau, WI 54403  
 (715) 679-6170 – mclitofwausau.org  
 mclitofwausau@gmail.com

## Learner Application

Please fill out form and return to one our offices above or email to mclitofwausau@gmail.com

Basic Student Information		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>Gender:</b>	
<b>Address:</b>	<b>City, State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone (home / work):</b>	<b>Cell phone:</b>
<b>Emergency Contact Person:</b>	<b>Relationship:</b>	<b>Emergency Phone:</b>
<b>Interpreter (if language barrier):</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Native Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other:		

**What is the highest level of education you have completed?**

- |  |   |
|--|---|
| <input type="checkbox"/> No formal education                   | <input type="checkbox"/> Some Technical School / Trade School |
| <input type="checkbox"/> Elementary/middle school: Grade _____ | <input type="checkbox"/> Associate’s Degree: _____            |
| <input type="checkbox"/> Some High School: Grade _____         | <input type="checkbox"/> Undergraduate Degree                 |
| <input type="checkbox"/> High School Diploma                   | <input type="checkbox"/> Graduate Degree                      |
| <input type="checkbox"/> GED or HSED (circle one)              | <input type="checkbox"/> Other: _____                         |

**Do you have any concerns or disabilities related to your learning?**

\_\_\_\_\_

**Can you meet with a...**    male tutor?  Yes    No                      female tutor?  Yes    No

**To meet a tutor, do you have access to transportation?**    Yes    No

**What are some public locations where you could meet your tutor?** (i.e. Wausau Library, McLit at Salvation Army, Barnes and Noble, a coffee shop)

\_\_\_\_\_

**Have you ever been convicted of a felony?**   Yes   No    **Have you ever been incarcerated?**   Yes   No

**Please Explain** \_\_\_\_\_

**Improving Quality of Life through Literacy**

Support of this project was provided through



How many hours per week do you prefer to meet for lessons? \_\_\_\_\_

When are you available? (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you hear about us? (Check all that apply)

- United Way    Friend/Family Member    Newspaper    Facebook    Referral  
 Flyer/Ad    Other: \_\_\_\_\_

Have you ever attended an adult learning program?   Yes   No

Do you have a library card?   Yes   No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

-----Office Use Only-----

Literacy Level: \_\_\_\_\_ Type of Learner:   ABE   ELL   Pre-GED/HSED

TANF Eligible?   Yes   No

Notes:

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