



Employment Application

Applicant Information

Contact: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

High School Name: _____

Private/Public: _____ School District: _____

School Address: _____

School Information

Principal: _____ SPED Liaison: _____

Does the school campus have support from the district for continued education? YES NO Number of siblings: _____

Does the student have good parental support to participate in this program? YES NO Number of siblings in school: _____

References

Please list two community references.

Full Name: _____ Relationship with student: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship with student: _____

Company: _____ Phone: _____

Email: _____

Inclusive Scholarship Program Consideration

What type of school are you interested in pursuing? College Courses, Career Training? Technical?

Brief Description of why you would like to participate in the Inclusive Scholarship Program.

Brief Description of what you think college courses and/or career training can do for you in the future.

List of key family members that will play a role in your inclusion program during the school year. Please include name, grade completed, occupation, email.

Name: _____ Grade Completed: _____

Occupation/Career: _____ Email: _____

Name: _____ Grade Completed: _____

Occupation/Career: _____ Email: _____

Name: _____ Grade Completed: _____

Occupation/Career: _____ Email: _____

Name: _____ Grade Completed: _____

Occupation/Career: _____ Email: _____

Name: _____ Grade Completed: _____

Occupation/Career: _____ Email: _____

Please provide the names of any schools and/or training programs that you are currently interested in pursuing.

Name: _____

College/Training Program: _____ Email: _____

Name: _____

College/Training Program: _____ Email: _____

Name: _____

College/Training Program: _____ Email: _____

Name: _____

College/Training Program: _____ Email: _____

Name: _____

College/Training Program: _____ Email: _____

If you are selected as an inclusive scholarship recipient, what type of support from Three Graces do you think will help you succeed in your program?

Brief Description of what efforts you will make to continue your inclusion efforts after the ISP program is over.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. 1. I will abide by the ISP guidelines throughout the program 2. I will attend all classes and try my hardest to maintain good grade average, and 3. If a scholarship is awarded in my name, I will do my best to promote inclusion on campus and participate in future programs of Three Graces, including mentoring future scholarship recipients.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____