



APPLICATION TUTORIAL/ENRICHMENT PROGRAM

First Name

Last Name

Date

Street Address

City

Zip Code

Telephone Number

Cell Number

Work Phone

E-mail

Best time to reach you? _____

Date of Birth: ____ / ____ / ____
MONTH DAY YEAR

Gender: Male Female

For Fingerprinting, please provide social security number. _____

Emergency Contact: Name _____ Tel. # _____ E-mail _____

Undergraduate Degree: _____ Major/Minor _____

Graduate/Professional Degree: _____

Language(s) spoken: _____

Do you have teaching or tutoring experience? Yes No

Attach a résumé and two (2) letters of recommendation.

Letters of Recommendation attached: Yes No Résumé attached: Yes No

Preferred tutoring schedule (circle timeslot and mark "X" under preferred day):

TIMESLOT	TUESDAY	OR	THURSDAY
9 a.m. to 11 a.m.			
OR			
12 p.m. to 2 p.m.			

For staff use only! Applicant notified of acceptance ____ / ____ / ____
MONTH DAY YEAR

Training completed on ____ / ____ / ____
MONTH DAY YEAR

Fingerprinting Cleared: Yes No