

Deadline: Nov 2, 2012

Please mail completed application to: PO Box 560052, Medford, MA 02156

Are you a woman? *

If you consider yourself a woman, we do too.

- Yes
- No (ineligible for the program)

Are you eligible to work in the United States? *

U.S. employment eligibility requirements can be found at www.uscis.gov/i-9

- Yes
- No (ineligible for the program)

Are you fluent in English and another language? *

- Yes
- Not sure (No problem; our medical interpreting instructors will test your fluency.)
- No (ineligible for the program)

Are you available to attend classes 4pm-8pm on all Mondays, Tuesdays, and Wednesdays in January, February, and March? *

Attendance at all classes is required

- Yes
- No (ineligible for the program)

Are you available to attend classes 10am-2pm on all Saturdays in January, February, and March? *

Attendance at all Saturday classes is required; however, exceptions for religious obligations can be made.

- Yes
- No

First Name * _____ **Last Name*** _____

Phone Number * _____ **Email Address *** _____

Mailing Address * _____

My first language is: * _____

My second language is: * _____

Please list any additional languages you speak, read, or write: * _____

How did you hear about Found in Translation? * _____

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How many people are in your household, including yourself? * _____

Are you a single mother? *

- Yes
- No

Please provide the following information for ALL members of your household, including yourself:

Name	Age	Relationship to you	Employed? (Y/N)
_____	_____	<u>self</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your typical total monthly household income? * \$ _____/month
Including income from all sources

Which types of income does your household currently receive? *

Please check all that apply

- Earned Income
- SSI
- SDI
- Unemployment Insurance
- Alimony or Child Support
- Retirement income
- Disability Insurance
- TANF
- Other: _____

What are your own typical monthly earnings? * \$ _____/month

Please list only your earnings, NOT total household earnings. (If unemployed, please write \$0)

Which benefits does your household currently receive? *

Please check all that apply

- Food Stamps/SNAP
- TANF Transportation
- Rental Assistance
- WIC
- Medicaid (MassHealth)
- Fuel Assistance
- TANF Childcare
- Medicare
- Other: _____

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Have you ever experienced homelessness? *

- Yes, currently
 Yes, in the past
 Never

What is your current housing situation? *

- | | | |
|--|---|---|
| <input type="checkbox"/> Own a home | <input type="checkbox"/> Rental, no subsidy | <input type="checkbox"/> Rental, with subsidy |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Section-8 | <input type="checkbox"/> Permanent Housing |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Hotel or Motel |
| <input type="checkbox"/> Temporarily staying with family | | <input type="checkbox"/> Temporarily staying with friends |
| <input type="checkbox"/> Other: _____ | | |

Please describe any additional financial hardships you are experiencing *

What is your highest level of education completed? *

You may check more than one box

- | | | |
|---|--|---|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> 1st-8th grade | <input type="checkbox"/> Some high school |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Some College | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Doctorate or PhD | <input type="checkbox"/> Other: _____ | |

What kind of a learner are you? *

Please describe your learning strengths, challenges, style, etc.

- Do you have a resume? ***
 Yes
 No



2012-2013 Program Application

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Please provide the following information for all current and past employment, including paid positions, internships, and volunteer positions

Employer: _____ Position: _____

Duties/responsibilities: _____

Hours/week: _____ Wages: \$_____/hour Start date: ___/___/___ End date: ___/___/___

What did you like most about this position? _____

What was most difficult about this position? _____

Why did you leave this job? _____

Employer: _____ Position: _____

Duties/responsibilities: _____

Hours/week: _____ Wages: \$_____/hour Start date: ___/___/___ End date: ___/___/___

What did you like most about this position? _____

What was most difficult about this position? _____

Why did you leave this job? _____

Employer: _____ Position: _____

Duties/responsibilities: _____

Hours/week: _____ Wages: \$_____/hour Start date: ___/___/___ End date: ___/___/___

What did you like most about this position? _____

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Why did you leave this job? _____

Employer: _____ Position: _____

Duties/responsibilities: _____

Hours/week: _____ Wages: \$_____/hour Start date: ___/___/___ End date: ___/___/___

What did you like most about this position? _____

What was most difficult about this position? _____

Why did you leave this job? _____

