

International Institute of Minnesota
Medical Career Advancement

Date: _____

First Name: _____ Last Name: _____

Social Security Number: ___ - ___ - _____ Date of Birth: ___ / ___ / ___

Male ___ Female ___

Current Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Preferred method of communication: _____

Country of Origin: _____ Date of arrival in U.S. _____

How did you come to the U.S.? ___ Refugee ___ Asylee ___ DV Lottery

Current legal status: ___ Legal Permanent Resident ___ Citizen

Alien Registration #: _____

Medical Career Advancement Goal

What is your goal in the medical field? _____

What have you done to work toward that goal? _____

How did you hear about the Medical Career Advancement Program? _____

Education

Have you taken ESL classes? Yes / No Location & Level: _____

Did you graduate from high school? Yes / No In your home country ___ In the U.S. ___

Have you attended college? Yes / No In your home country ___ In the U.S. ___

Do you have a college degree? Yes / No Degree and year: _____

Rate your computer skills: None____ Low____ Moderate____ Advanced____

Do you have any physical conditions that affect you in the classroom? Yes / No

Please explain: _____

List the colleges you have attended in Minnesota or in the U.S.

School Name	Dates Attended	Classes Taken

Are you attending college now? Yes / No If yes, where? _____

Check any education in which you are NOW enrolled:

_____ ESL

_____ College Developmental Courses (Reading, Writing, Math)

_____ General Courses

_____ Clinical Program Courses

List the classes you are taking this semester: _____

When do you expect to graduate? _____

What is your overall GPA? _____

Training

Did you take the Nursing Assistant Training at International Institute of MN?

Yes / No If yes, graduation date: _____

Have you taken College Readiness classes at International Institute of Minnesota?

Yes / No If yes, when? _____

Other training program (and date): _____

Employment

Current Position: _____ Start Date: _____

Employer: _____

Employer Address: _____

Supervisor's Name: _____ Telephone: _____

Hourly Wage: _____ Number of hours per pay period: _____

Employer-paid Health Benefits? Yes / No

2nd Job Position: _____ Start Date: _____

Employer: _____

Employer Address: _____

Supervisor's Name: _____ Telephone: _____

Hourly Wage: _____ Number of hours per pay period: _____

Employer-paid Health Benefits? Yes / No

If you are already in school, are you working a reduced number of hours? Yes / No

List any volunteer work or internships you have done:

Financial Assistance Planning

Marital status – circle one: single married separated divorced widowed

Number of dependent children (under 18) living with you in Minnesota: _____

What are their ages (oldest to youngest): _____

Number of dependent children living **outside** of the U.S.A.: _____

Are you the only source of income in your household? Yes / No

If no, please explain: _____

Total **annual family income**? _____

Which of the following do you receive?

_____ SSI

_____ TANF / MFIP

_____ Food Support

_____ Refugee Assistance

_____ General Assistance

_____ Other: _____

Which of the following have you applied for?

_____ Pell Grant

_____ Scholarship

_____ Stafford Loan (Subsidized)

_____ Stafford Loan (Unsubsidized)

_____ Payment plan at school

_____ Other: _____

Approximately how much do you owe in student loans?

_____ \$0 - \$2,000

_____ \$2,000 - \$5,000

_____ \$5,000 - \$8,000

_____ \$8,000 - \$10,000

_____ more than \$10,000

*Detailed income information is required by our funders.
Please sign and date to allow this information to be used
for eligibility purposes and in reports to funders.*

Sign: _____

Date: _____

