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 disabilities which 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**

Are you currently employed? Yes / No If no, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you receive unemployment benefits? Yes / No # of weeks: \_\_\_\_\_\_ / last 26

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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

 \_\_\_\_\_ SNAP Food Support \_\_\_\_\_ General Assistance

 \_\_\_\_\_ Refugee Assistance \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you homeless or living in a shelter? Yes / No

Are you recovering chemically dependent? Yes / No

What is your disability status? \_\_\_\_\_ Disability is barrier to employment

 --------- Not disabled \_\_\_\_\_ Disability is not barrier to employment

Which of the following have you applied for?

 \_\_\_\_\_ Pell Grant \_\_\_\_\_ Additional scholarship (outside IIM)

 \_\_\_\_\_ Stafford Loan (Subsidized) \_\_\_\_\_ Stafford Loan (Unsubsidized)

 \_\_\_\_\_ Payment plan at school \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you owe in student loans?

*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 \_\_\_\_\_ $0 - $2,499

 \_\_\_\_\_ $2,500 - $4,999

 \_\_\_\_\_ $5,000 - $7,499

 \_\_\_\_\_ $7,500 - $9,999

 \_\_\_\_\_ $10,000 or more

**Educational Plan Essay**

Please write a one-page essay about your educational goal and the plan you have to accomplish that goal. Include how tuition assistance would help you reach your goal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_