

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 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

2<sup>nd</sup> 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 <b>annual family income</b> ? _____
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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?

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

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

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

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

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

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

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