

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: ___ Email ___ Phone ___ Either

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

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

Current legal status: ___ Legal Permanent Resident ___ Citizen

Alien Registration #: _____

Ethnicity: Do you identify as Hispanic or Latino? Yes / No

Race: Please check all that apply: ___ American Indian / Alaska Native ___ Asian

___ Black / African American ___ Hawaiian Native / Pacific Islander ___ White ___ Other

Are you or your spouse a U.S. veteran? Yes / No Please specify who _____

Have you or other family members used any International Institute services? Yes / No

If so, which ones and who? _____

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 home country ____ In the U.S.

Have you attended college? Yes / No _____ In 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 or workplace? 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 did you begin taking clinical program courses? _____

When do you expect to graduate? _____

What degree will you earn? _____

What is your cumulative 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:

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**? _____

Do you receive any public assistance? Yes / No

If yes, 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

Have you been convicted of a felony and/or incarcerated in the past 7 years? Yes / No

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: _____

