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DEPARTMENT OF SOCIAL SERVICES DISTRICT OR ADOPTION AGENCY

CASE MANAGER/SOCIAL WORKER'S NAME _____

CASE MANAGER/SOCIAL WORKER'S PHONE NUMBER &
EMAIL _____

SPONSOR/MENTOR'S NAME & NUMBER _____

COUNSELOR'S OR FOSTER PARENT'S NAME & NUMBER _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

NAMES OF CHILDREN/AGES

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HOW DID YOU HEAR ABOUT THE GREAT EXPECTATIONS PROGRAM? **CHECK ONE**

- SOCIAL SERVICES WORKER
 - GROUP HOME
 - GREAT EXPECTATIONS STUDENT
 - FAMILY MEMBER
 - SPECIAL EVENT
 - J. SARGEANT REYNOLDS STUDENT
 - J. SARGEANT REYNOLDS STAFF OR FACULTY
 - OTHER
- _____

PREVIOUS EDUCATIONAL PROGRAMS: **CHECK ONE**

- GED GRADUATE
- HIGH SCHOOL
- DATE GRADUATED

LAST SCHOOL
ATTENDED _____

LOCATION OF LAST SCHOOL

Which of these barriers may interfere with you completing school or getting a job?

Child Care

Transportation

Housing

Income

Poverty

Work Schedule

Medical Issues

Ex-Offender

DRIVER'S LICENSE Yes _____ No _____ Suspended _____

SOURCE OF TRANSPORTATION:

FOLDER CHECKLIST

For office use only

____ COPY OF PHOTO ID/STUDENT ID

____ STUDENT PHOTO

____ PARTICIPANT COMMITMENT FORM

____ RELEASE OF INFORMATION FORM

IMAGE RELEASE FORM

____ FAFSA APPLICATION SUBMITTED ONLINE

____ SCHOLARSHIP APPLICATION

____ REYNOLDS APPLICATION SUBMITTED

____ DSS LETTER

ENROLLED IN CLASSES? _____

ENROLLMENT STATUS _____ FULL-TIME or _____ PART-TIME

Rev

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