



## Student Application

**Name** \_\_\_\_\_  
Last First M. I.

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Date of Birth \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Alt. Phone Number \_\_\_\_\_  
Last grade completed \_\_\_\_\_

**Referring Agency** \_\_\_\_\_

**Agency Contact** \_\_\_\_\_ **Contact Phone** \_\_\_\_\_

**Race**

- American Indian/Alaskan Native     Asian     Black/African American  
 Native Hawaiian/Pacific Islander     Hispanic     White

**Primary Language**

- English     Spanish     Other \_\_\_\_\_

**List any government assistance you are currently receiving**

**Names and birth dates of children who will accompany you to class**

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Days you prefer to attend class**

- Monday & Wednesday 6:30 – 8:30 pm     Tuesday & Thursday 6:30 – 8:30 pm

**Ladder Alliance Mission**

The mission of The Ladder Alliance is to serve, in particular, women victims of domestic violence and those that are at risk. Since many of the agencies we work with do not necessarily serve this population, we are asking that you share with us whether you are currently involved in or have ever been involved in either a physically or mentally abusive relationship.

Yes  No

**Check all barriers you feel are hindering you from obtaining and keeping a job**

- No child care
- No marketable skills
- Unstable work history
- Never had a job before
- Improper clothes
- No transportation
- Need coaching on job interviews
- Poor attendance
- Excessive tardiness

**Job History**

Briefly list previous jobs and dates

**ADA (Americans with Disabilities Act)**

Do you have any disabilities we need to address in order to help you complete the program? Examples include but not limited to inability to sit for extended periods of time, limited vision, and arthritis.

**Skills For Independence**

What skills do you need to acquire to become more independent?

**Work Interests**

What specific areas of work are you interested in?

**Disclosure of Information**

By signing below, I hereby grant the release of information from my referring agency (if any) regarding my suitability for The Ladder Alliance program. The type of information released will only be that which is necessary to help make the appropriate determination for selection into the program. All personal information will be kept in strict confidence and not divulged to anyone outside The Ladder Alliance program unless required by applicable law, law enforcement, or court order.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_