Project REBUILD, Inc. 406 Shorb Ave NW - Canton, OH 44703 330-588-3205



How many people are in your household? _____

APPLICATION for ENROLLMENT

Please use blue or black ink.

Check Program:
High School
GED
Exemption

H APPLICANT INFORMATION			Date	
Name of APPLICANT			<u></u>	-
First	Middle		Last	
Address_		Apt. #	City	Zip Code
Primary Phone # Alte	rnate Phone #	Ema	il:	
Social Security # (optional)	Birth Date		Gender: 🔲 I	Male Female
Native Language:	U.S. Citizen?	□ No □ Yes	If no, list nationality	
Race / National Origin: Asian or Pacific Islande White, Non-Hispanic	Black, Non-Hispanic American Indian or A		Hispanic Multi-racial	
Birth Place City S	tate	Country		
WORK EXPERIENCE:	late	Country		
Does the APPLICANT presently work? ☐ Yes ☐	No If yes, where			Hours/week?
Where did you previously work?				
Where did you previously work?				
Where did you previously work?				
CURRENT LIVING STATUS: Living with Family Living Alone Living with Friends Living in a Homeless Shelter	☐ Living in a Halfway H ☐ Living in a Work/Rele ☐ Other:	ease Program	For Office Use On	ly:
APPLICANT'S ELIGIBILITY STATUS:				
☐ I am a current or former foster youth ☐ I am a youth offender ☐ I am an adult offender ☐ I am a migrant farm youth worker ☐ I am the child of an incarcerated parent				
APPLICANT'S PREVIOUS EDUCATION				
Name of Last School Attended:				
Date last attended previous school:				
ast Grade attended at previous school:	Did you	graduate?	Yes No	
APPLICANT'S INCOME				
Please check which of the following is closest to yo	ur household's yearly incom	e:		
□ \$0 - \$5,000 □ \$5,001 - \$10,000 □ \$10,001 - \$15,000 □ \$15,001 - \$20,000 □ \$20,001 - \$25,000	\$25,001 - \$30,000 \$30,001 - \$35,000 \$35,001 - \$40,000 More than \$40,001			

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Is the APPLICANT a	registered voter? Yes No)			
Is the APPLICANT M	arried? ☐ Yes ☐ No				
Does the APPLICAN	Γ have children? ☐ Yes ☐ No	If Yes, how many?			
Is the APPLICANT pr	esently reporting to a probation	officer? Yes No *Plea	se note: responding yes will	NOT exclude the APPLICANT from	n admission
* If yes, will the APPL	ICANT need an enrollment lette	er from the program for his/h	er probation officer?	□Yes □No	
Probation Officer/Soc	ial Worker's Name:		F	Phone:	
	ENT EXPLAINING YOUR II				TION TRADES:
	N INFORMATION – IF UNI on should be completed referrin		grandparent(s) with v Parent/Guardian:	whom the APPLICANT res	ides:
ccupation:			Occupation:		
lace of Employment:			Place of Employme	ent:	
/ork or Cell Phone #:			Work or Cell Phone		
	Include area code			Include area code	
	e information provided on this ILD may request additional in JRE				information provide
Signature			Date		
hereby state that the	nformation provided on this doc	ument is true and current a	nd I am the legal guar	dian or custodian of this A	APPLICANT.
ARENT/GUARDIAN	SIGNATURE (if APPLICANT is	under 18 years old)			
San at wa		Doto.	_		
Signature	L	Date			

Project REBUILD, Inc. RELEASE OF INFORMATION

Medical:
Medical:DiagnosisMedicationAssessmen
Medical:DiagnosisMedicationAssessmen
Medical:DiagnosisAssessmen Onths following or until
Medical:DiagnosisAssessmen Onths following or until
DiagnosisMedicationAssessmen
DiagnosisMedicationAssessmen
MedicationAssessmen
onths following or until
es listed below to share
by agencies involved to
above I have the right to
Zip Cod
n Signature (if under age)
a