



MEMBERSHIP APPLICATION

GENERAL INFO

Name: _____ Date: _____

SS#: _____ Date of birth: _____ Age: _____ Sex: Male Female

Address: _____

Telephone number: _____ Name of parent/guardian: _____

Cell Phone: _____ Email: _____

Can you receive text messages? YES NO How did you learn about Get REAL? _____

TARGET GROUPS. Please note that Mayland Community College does not discriminate on the basis of your answers to these questions. These questions are asked to ensure that we are serving a diverse group of people. Your answers may indicate that you are within one of our target groups and may increase your chances of receiving Get REAL services.

Disability: YES NO IEP Individual Educational Plan: YES NO
Race (please circle): White (Caucasian) African-American American Indian Asian
Hispanic Pacific Islander Other _____

Do you live with your parent(s)? YES NO Have you ever been in foster care? YES NO

Have you ever been arrested for anything? YES NO
If yes, give charge and date _____

Employment Status (please circle): Never Worked Volunteer Full-Time
Part-Time Seasonal Unemployed

EDUCATIONAL BACKGROUND

Are you currently in school or taking any classes? YES NO
If yes, list school and curriculum: _____

Highest Grade Completed: _____ High School Diploma/GED? YES NO

Did you drop out of high school? YES NO
If yes, do you have official withdrawal papers from the school? YES NO

Have you passed a driver's education course? YES NO

Have you applied for a Pell Grant? YES NO Are you receiving Pell Grant? YES NO

FINANCIAL CIRCUMSTANCES

Are you or your family receiving any of the following services? (Please circle all that apply & provide documentation)

- | | | | |
|---------------|-----|------------|---------------------------|
| TANF | SSI | Disability | Food Stamps |
| Child Support | HUD | Medicaid | Vocational Rehabilitation |

Do you have a place to live? YES NO Number of family members in household: _____

Are you pregnant or an expectant father? YES NO How many children do you have? _____

Gross family income (past 6 months): _____ Do you have a driver's license? YES NO

Do you have transportation? YES NO Do you have a bank account? YES NO

EMPLOYMENT HISTORY

Last or current place of employment: _____

Job title: _____ Salary: _____ per _____

Dates of employment: _____ to _____ Reason for leaving: _____

List specific job skills you have learned through work or on your own: _____

Do you have a resume? YES NO Have you ever completed a job application? YES NO

Have you ever written a cover letter? YES NO Have you ever had an interview? YES NO

CAREER GOALS

What is your dream job? _____

Why? _____

What is in your way of getting your dream job? _____

SIGNATURES

Applicant

Parent/Guardian

Documents needed to complete your Get Real enrollment:

- | | | |
|-----------------------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Drivers License | <input type="checkbox"/> Finical Documentation |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> _____ |

OFFICE USE ONLY: _____