**To Be Filled In By Review Board:**

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

\*This form will be kept confidential by members of the Saheli Board\*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_ /\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Place of Residence is(place a checkmark) \_\_\_\_\_\_\_\_\_\_Owned \_\_\_\_\_\_\_\_\_Rented

Marital Status: \_\_\_\_\_Single \_\_\_\_ Married \_\_\_\_Divorced \_\_\_\_\_Separated \_\_\_\_\_Widowed

Family in USA: # of Children \_\_\_\_\_\_\_\_\_ # of Parents\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Siblings \_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child care available to you if you attend school? : \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Visa Status: (Please circle) US Citizen Green Card H1/H4 L visa Other:

1

Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance: Yes, Name of Company: No

Health Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Completed: (please circle) Some Schooling High School Diploma Bachelors degree Masters degree Other: \_\_\_\_­­­­­­­­­­­

Languages Spoken Well: English\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you working at present? (please circle) Yes No

If yes: Job Title: Brief Description:

Name of company or employer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Need Assessment : Personal Financial and Other Information

What is your income category? Please use a checkmark.

|  |
| --- |
| Income categories |
| 10,000-20,000 |
| 21,000-40,000 |
| 41,000-60,000 |
| 61,000-80,000 |
| 81.000 +  |  |

Indicate days and times you are avail for a face to face meeting with the Saheli team.

Skills and Experience: Check all those that apply→

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accounting |  | Marketing |  | Food Service |  |
| Art |  | Photography |  | Nannie |  |
| Beauty Consultant |  | Tutoring |  | Nurse’s Aide |  |
|  Cooking & Catering |  | Driving |  | Home Health Aide |  |
| Basic Computer Skills |  | Music |  | Health & Exercise |  |
| Computer (Data Entry) |  | Computer (other) |  | Administrative |  |
| Child care |  | Tele marketing |  | Telephone Counseling |  |

Other Skills and Experience:

Applicants should be prepared to answer some questions related to their personal financial situation with the sole objective of assessing need. You are advised to bring personal documents (tax returns, copies of W2, and the like, documents related to college grants and financial aid, or Pell grants) for review by the Saheli board. In some special cases, the request for financial documents will be waived at the discretion of the board. No personal documents will ever be retained by Saheli.

Do you have a specific program/school/college you are applying to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Major/Certificate you will pursue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Program Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Fees for Entire Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dollar Amount Being Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please summarize your interests below and indicate what goals you are pursuing.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my application for assistance is accepted, any false statements, omissions, or other misrepresentations made by me may result in my immediate disqualification.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature at time of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**After completion, the Saheli board will review the application and contact you for a**

**personal interview or phone interview. Please send completed form to all three members below.**

**rita@saheliboston.org****;** **ptandon@acornh.com**