**College STep up APPLICATION**

Please return completed application and 3 letters of reference to: Lisa Sandy, GWH, PO Box 159, Hinckley, ME 04944, via fax at (207) 238-4007, or via email at [lsandy@gwh.org](mailto:lsandy@gwh.org),

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | DOB: | |  | | Sex: | |  | | Date |  | | |  |
| Street Address: | | |  | | | City/State/Zip:: | | | | | |  | | | | |
| Home Phone: | | |  | | | Mobile Phone:: | | | | | |  | | | | |
| Email: | | |  | | | | | | | | | | | | | |  |
| Do you currently have a V-9 Agreement with DHHS? | | | Yes Name and contact information of DHHS Youth Transitions Worker:  No | | | | | | | | | | | | | |  |
| Emergency Contact Name: | |  | | | | | | Relationship | |  | | | | | Contact Numbers: |  | |
| Name/Address/Phone of Primary Care Provider | | | |  | | | | | | | | | | | | | |
| Current Medications, dosage, prescribing Dr. | | | |  | | | | | | | | | | | | | |
| **Medical Concerns (including any allergies):** | | | | | | | | | | | | | | | | | |

**Current or past use of alcohol, cigarettes, drugs and/or vaping (please explain):**

**Current or past involvement with the juvenile or adult justice system, i.e. do you have or have you ever had criminal charges, on probation, spent time in a detention center, etc:**

**Do you have a:**

**High School diploma? If so, from where?**

**GED/HiSET?**

**Name and date of last school attended:**

**What are your academic goals?**

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 **Graduate from a two-year college**

 **Graduate from a four-year college**

 **Pursue a certification in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a career goal that completing college will help you to achieve? Please describe:**

**What support do you believe you will need to meet these academic goals?**

 **Remedial writing courses**

 **Remedial math courses**

 **Academic Tutoring**

 **Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you see as your academic and personal strengths?**

**What do you see as your academic and personal challenges?**

**What else do you think is important for us to know about you?**

**What additional areas of support do you anticipate needing from the College Step-Up Program?**

 **Finance/Budgeting information**

 **Having/Maintaining Healthy Relationships**

 **Communication with Teachers/Professors**

 **Mental Health Counseling**

 **Substance Abuse Counseling**

 **Help with Legal Issues**

 **Help Finding a Job**

 **Help Getting a Driving License**

 **Transportation**

 **Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who are the people who support you in achieving your goals? What is their relationship to you?**

**What are your funding sources (V9, Alumni Transition Grant, Social Security Disability, family, job, etc.):**

**]**

**Please let us know why you think the College Step-Up Program is a good fit for you:**

**Signature Date**

**02/2021**

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