



STUDENT APPLICATION

DATE _____

PLEASE PRINT

Name _____ Male _____ Female _____

Address _____ Town _____ Zip _____ Date of birth _____
MM / DD / YY

E-mail _____ Phone _____

Contact Person _____ Phone _____
(English speaking)

Have you ever applied to this program before? Yes ___ No ___

****Sessions are two hours per week and you must be able to attend for 12 consecutive months****

In which program are you interested? (Choose only one):

BASIC LITERACY _____
(Reading & Writing English)

WHERE ATTENDED SCHOOL? _____

LAST GRADE COMPLETED _____

ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) _____
(Speaking, Reading & Writing English)

PRIMARY LANGUAGE _____

NATIVE COUNTRY _____

Check here if applicant speaks no English

When are you available to meet with a tutor? (Check as many as possible):

	Morning	Afternoon	Eve		Morning	Afternoon	Eve		Daytime
Monday	_____	_____	_____	Thursday	_____	_____	_____	Saturday	_____
Tuesday	_____	_____	_____	Friday	_____	_____	_____	Sunday	_____
Wednesday	_____	_____	_____						

Most tutors and learners meet at the library. To which libraries can you get?

1st Choice _____ 2nd Choice _____

How will you get to the library? Drive Myself ___ Bus _____ Taxi _____ Friend/Family _____
(Check one) Walk _____

**Mail to: Literacy Suffolk 627 N. Sunrise Service Rd, Bellport, NY 11713 or email to: Admin@LiteracySuffolk.org
(631) 286-1649 • Fax: (631) 286-1668 • www.LiteracySuffolk.org**