

CareerReady Application for Marketplace Members

PERSONAL INFORMATION

Full Name: _____ Member ID: _____

Date of Birth: ____ / ____ / ____ Race: _____ Sex: Male Female Other: _____

Cell Phone: _____ Email: _____

Secondary Phone Number: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Do you have any children? Yes No

SCHOOL INFORMATION

Please attach an unofficial transcript to this application when you submit it.

1a) Which High School did you attend? _____

1b) What year did you graduate? _____ 1c) High School GPA? _____

2a) Do you have a four year degree? _____

2b) If so, what college did you attend? _____ 2c) College GPA? _____

3) What job/certification areas are you interested in studying? _____

4) Please list any school or community activities you participate in: _____

5) Do you have a valid Driver's License? Yes No

If no, do you have an unexpired government issued ID? Yes No

6) How did you hear about this scholarship opportunity? Email My Doctor or Nurse

A Friend or Family Member Community Website Social Media Post Postcard

Community Employee Other _____

7) When would you like to begin job certification classes?

Fall 2021 Spring 2022 Other _____

8) Do you have a high school diploma or certified G.E.D? Yes No

8b) If you have a G.E.D, which institution did you receive it from? _____

QUESTIONS

1) What is the most important thing you have learned?

2) Where do you see yourself in 10 years?
