



HOUSE of PEACE & EDUCATION, INC.
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HOPE FOR WOMEN APPLICATION

Please answer **all** questions.

About You:

Today's Date: _____

1. First name: _____ MI: _____ Last name: _____

2. Date of Birth: _____

3. Address: _____ Apt. _____

4. City: _____ State: _____ Zip code: _____

5. Day telephone: _____ Evening telephone: _____

6. Email Address: _____

What is your preferred method of communication?

Home phone Cell phone E-mail Text message Mail

7. Emergency Contact Name: _____

Emergency Contact Telephone: _____

Relationship to you: _____

8. Please list the names and contact information for two people who can act as a reference for you.
(PLEASE do not include relatives or close personal friends.)

Name: _____

Address: _____

City, State, Zip Code: _____

Daytime Telephone number: _____

Relationship: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Daytime Telephone number: _____

Relationship: _____

About Your Family:

Are you parenting? Yes No Or a custodial grandparent? Yes No

9. If yes, please list the names and ages of all children you are currently parenting:

Name	Date of Birth	Grade	School

10. Do you currently have child care arranged for your child(ren) for the entire length and times of the program? Yes No N/A

If no, what are your plans for childcare? Please be specific. _____

11. If your child is sick and cannot attend school/child care, what is your backup plan so that you can still attend class? Be specific. _____

12. Please indicate the number of members in your household: _____

About Your Income: **HOPE reserves the right to require verification for household income to confirm eligibility for enrollment into the program.*

13. Check all boxes that indicate your source of household income and write the monthly amount received on the line provided for ALL members of your household (each person who lives with you)*

(Enter monthly amounts)

- Employment, full time with benefits \$ _____
- Employment, full time without benefits \$ _____
- Employment, part time with benefits \$ _____
- Employment, part time without benefits \$ _____
- Seasonal employment (# of months) \$ _____
- Temporary employment (# of months) \$ _____
- Unemployment \$ _____
- TAFDC/EAEDC \$ _____
- SSI \$ _____
- SSDI \$ _____
- Veteran's Benefits \$ _____
- Food Stamps \$ _____
- Child support \$ _____
- Alimony \$ _____
- Social Security survivor benefits \$ _____
- Other _____ \$ _____

TOTAL monthly income\$ _____

14. What other benefits do you receive?

- WIC
- Mass Health
- Medicare Coverage
- Child Care Voucher
- Fuel Assistance
- Section 8, public housing, or other rental assistance. Specify: _____
- TAFDC / TANF Transportation Services
- Other: _____

15. DTA Case Worker N/A

- Name: _____
- Office: _____
- Telephone # _____

16. Who referred you to our program? (How did you hear about us?)

- Department of Transitional Assistance
- Massachusetts Rehabilitation Commission (MRC)
- One Stop Career Center
- Battered Women's Resources (BWR)
- Community Health Center
- Human Services Agency, such as North Central, You, Inc. or Lipton Centers
- Public Schools
- Newspaper
- Public Access Television
- Posting (name location) _____
- Other _____

17. Do you work with any other agencies? Please check off which ones.

- | | |
|---|--|
| <input type="checkbox"/> Department of Children and Families (Formerly DSS) | <input type="checkbox"/> Alcoholics Anonymous |
| <input type="checkbox"/> Childcare Resources | <input type="checkbox"/> Narcotics Anonymous |
| <input type="checkbox"/> Department of Mental Health | <input type="checkbox"/> Gardner Housing Authority |
| <input type="checkbox"/> Veterans' Administration | <input type="checkbox"/> RCAP Solutions |

About Your Education and Previous Work:

18. What is the highest level of education you have completed (and what grade level if applicable)? Please list the name of the school attended and its location on the line beside each grade level.

- Grade School _____
- Middle School _____
- Some High School _____
- High School diploma _____
- GED _____
- Trade School _____
- Some College _____
- Associate's Degree _____
- Bachelor's Degree _____
- Beyond College _____

19. If currently employed, by whom: _____
How long have you been employed there? _____

20. Please list your last 3 places of employment, starting with the most recent first.

- 1) Company _____
Position _____
How long employed there (please provide dates) _____
Reason for leaving _____
Salary _____

- 2) Company _____
Position _____
How long employed there (please provide dates) _____
Reason for leaving _____
Salary _____

- 3) Company _____
Position _____
How long employed there (please provide dates) _____
Reason for leaving _____
Salary _____

24. Please rate yourself on the following characteristics:

Characteristic	Exceptional	Above Average	Average	Fair	Poor
Punctuality					
Reliability					
Commitment					
Follow Through					
Perseverance					
Attitude					
Listening					
Following Directions					
Accepting Constructive Criticism/Correction					

25. If your career goals require additional education/training, are you interested in furthering your education directly following the completion of this program? Yes No

26. To what extent do you think the following are likely to challenge your ability to go back to school/work?

	Highly Likely	Likely	Not Very Likely	Not at All
Needing Childcare				
Needing Transportation				
Lack of Financial Aid				
Overall Costs of Tuition				
Needing to Work				
Needing Training/School				
Medical Conditions				

27. For the following areas, please rate your preparedness for college/higher education/training/work:

	Excellent	Good	Fair	Poor
Overall academic readiness				
Math				
Reading				
Writing skills				
Computer skills				
Knowing what college will be like				

About Your Computer Skills:

28. How often do you use a computer?

- Everyday At least once a week Once a month Not at all

29. Computer Experience: Check the box which indicates your level of experience.

Software or Skill	None	Beginner	Intermediate	Advanced (2+ yrs)
Windows				
Outlook				
Internet				
Keyboarding				
Word				
Excel				
PowerPoint				

30. Where do you use a computer?

- At home At work At a community center At the library At friend's

31. Have you ever taken a computer class? No

If yes, where and when: _____

About Your Goals:

What makes you a strong candidate for the HOPE for Women program?

32. Why do you want to enroll in the HOPE for Women Program? Check all that apply.

- Computer skills
- Assistance deciding what I want to do for a career
- Assistance getting a job
- Assistance getting a higher paying job
- Assistance going back to school
- I need to do something to keep my DTA benefits
- Other _____

33. What are your career goals? Be specific:

1) _____

2) _____

3) _____

34. How do you think the *HOPE for Women* Program can help you achieve your goals?

Entrance Essay:

35. In a short essay, please answer the question, “What kind of life do you want to create for yourself and your family? How will the *HOPE for Women* program help you to accomplish that goal?”

Signature: _____ Date: _____

Demographic Information

The following questions are for internal purposes only and will be kept confidential. The information you provide is used anonymously for statistical and grant reporting purposes only and will not affect your chances of being accepted into the *HOPE for Women* program. Thank you.

1. Race:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native American or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other _____ |

2. Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino
- Other: _____

3. What is your primary language?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Asian |
| <input type="checkbox"/> French | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Haitian Creole | |

4. Are you an immigrant to the US? Yes No

5. What is your current immigration status?

- Citizen
- Permanent Resident
- Refugee
- Undocumented

6. Are you legally able to work in the United States upon the completion of this program? Yes No

7. Marital Status

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Co-habiting |
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |

8. Are you homeless? Yes No

If yes, how long have you been homeless? (Please answer in months) _____ months.

9. Do you feel you are at risk of becoming homeless? Yes No

About Your Safety:

10. Do you feel safe in your home? Yes No

11. Are you currently or have you been in a domestic abuse or violence situation? Yes No

12. Do you need assistance in finding and using services for domestic abuse or violence? Yes No

