

Confidential Enrollment Application

I hereby seek to enroll in the Mentors Of Valor Empowered program. This information is submitted for admission consideration.

First Name Middle Initial Last Name Maiden Name (if applicable)

Street Address & Apt Number (NO PO Boxes Please) City State Zip Code

Home Phone: () Cell Phone: () E-mail Address: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Ethnic Background (Required for Grant Writing Purposes Only)

- Black Non-Hispanic White Non-Hispanic Hispanic Asian or Pacific Islander Am. Indian or Alaskan Native
 Non-Resident Alien Other (Please Specify)

Marital Status: Single Married Divorced Widow Spouse Name _____

No. Children _____ Age Range: _____

Nearest Relative/Emergency Contact _____ Relationship _____

Street Address & Apt Number (NO PO Boxes Please) City State Zip Code

Home Phone: () Cell Phone: () Other Phone: ()

Highest Level of education completed _____ Interested in pursuing GED Yes No

Current Employer Manager/Supervisor Name

Street Address City State Zip Code Phone ()

The above information is correct to the best of my knowledge. I understand that any false information may be considered grounds for rejection of my application or dismissal from the program. No applicants are rejected due to sex, race, creed, color, or national origin.

Signature (Form may be signed at time of interview.) Date

FOR OFFICE USE ONLY

Received By _____ Date Received ____/____/____
Interviewed By _____ Interview Date ____/____/____