

SGU-AmeriCorps

Member Interest Application

Name: _____ Age: _____

Phone: _____ Community: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

GED/HS Diploma: YES NO

Current Student: YES NO

If YES, where attending: _____

Major: _____ Expected Graduation Date: ____ / ____ / ____

Full-time: _____ Part-time: _____

If NO, highest grade completed: _____

Do you have reliable transportation? YES NO

Do you live in close proximity of your community center? YES NO

Date Rec'd: _____ Initial: _____



Date Rec'd: _____ Initial: _____