



Applications can be mailed or delivered in person to:
Cooperative Christian Ministry
Attn. Roxanna Books/Getting Ahead
P.O. Box 1717
Concord, NC 28026



Please complete the following application in its entirety. Incomplete applications will not be considered.

APPLICANT INFORMATION

NAME: _____ DATE OF BIRTH: __/__/__

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

SPOUSE'S NAME: _____ DATE OF BIRTH: __/__/__

IF SELECTED, WILL YOUR SPOUSE BE PARTICIPATING IN GETTING AHEAD WITH YOU? **YES NO**

PLEASE LIST THE NAMES OF CHILDREN LIVING IN YOUR HOUSEHOLD AND PLACE A CHECK MARK NEXT TO THE NAMES OF ANY CHILDREN THAT WILL BE ATTENDING WITH YOU.

NAME	BIRTHDATE & AGE	RELATIONSHIP TO YOU
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE WE ARE UNABLE TO REACH YOU, WHO IS THE BEST PERSON TO CONTACT?

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

EDUCATIONAL INFORMATION

DID YOU COMPLETE HIGH SCHOOL? **YES NO**

IF NOT, WHAT IS THE HIGHEST GRADE LEVEL COMPLETED? **K-5 6-8 9 10 11 12 GED**

ARE YOU CURRENTLY ENROLLED IN SCHOOL? **YES NO**

IF YES, WHAT SCHOOL ARE YOU ATTENDING? _____

ARE YOU PURSUING FURTHER EDUCATION? IF SO, WHAT? _____

BEGIN DATE _____ ANTICIPATED GRADUATION DATE _____

ARE YOU TAKING CLASSES THIS TERM? **YES NO**

IF NO, WHY NOT? _____

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED? **YES NO**

IF YES, PLACE OF EMPLOYMENT: _____

CITY: _____ STATE: _____ HOW LONG? _____

WHAT ARE YOU MONTHLY EARNINGS? GROSS: \$ _____ NET: \$ _____

WHAT HOURS DO YOU WORK? _____

IF NOT, HAVE YOU WORKED IN THE LAST SIX MONTHS? **YES NO**

IF YES, WHERE? _____

IF NO, DATE AND LOCATION OF LAST EMPLOYMENT : _____

PLEASE CHECK ALL OTHER SOURCES OF INCOME AND INCLUDE THE AMOUNT:

_____ UNEMPLOYMENT \$ _____ _____ TANF (WORK FIRST) \$ _____

_____ CHILD SUPPORT \$ _____ _____ SSI/SSDI \$ _____

_____ OTHER: _____ \$ _____

PLEASE CIRCLE ALL PUBLIC ASSISTANCE / SERVICES YOUR FAMILY CURRENTLY RECEIVES:

TANF (WORK FIRST) FOOD STAMPS AHA/HOUSING SEC 8/ RENTAL ASSISTANCE

HEAD START WIC VOCATIONAL REHAB FREE/ REDUCED SCHOOL LUNCH

UTILITIES/ ENERGY ASSISTANCE CHILD CARE ASSISTANCE

DO YOU HAVE A WORKING VEHICLE OR HAVE ACCESS TO RELIABLE TRANSPORTATION? **YES NO**

IF NOT, DO YOU HAVE ACCESS TO PUBLIC TRANSPORTATION (ARE YOU ON A BUS ROUTE)? **YES NO**

PLACE A CHECK NEXT TO THE AREAS WHERE YOU ARE EXPERIENCING DIFFICULTIES:

___ FINDING EMPLOYMENT ___ MAINTAINING EMPLOYMENT ___ BUDGETING

___ EDUCATION/ TRAINING ___ LEGAL PROBLEMS ___ PARENTING

___ HOUSING ___ TRANSPORTATION ___ ISOLATION

___ RELATIONSHIPS ___ DRUGS/ ALCOHOL ___ CHILDCARE

___ HEALTHCARE COSTS ___ MENTAL HEALTH

___ OTHER: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

ARE YOU CURRENTLY IN A STATE OF CRISIS? (I.e. DOMESTIC VIOLENCE SITUATION, UNTREATED DRUG/ ALCOHOL ABUSE, ETC.) **YES NO**

ARE YOU CURRENTLY ON PAROLE OR PROBATION? (THIS WILL NOT AUTOMATICALLY DISQUALIFY YOU FOR THE PROGRAM) **YES NO**

IF YOU AGREE TO THE FOLLOWING TERMS & CONDITIONS, PLEASE INITIAL EACH STATEMENT BELOW.

___ I AM WILLING TO PARTICIPATE IN AN INTERVIEW WITH *GETTING AHEAD* VOLUNTEERS.

___ I UNDERSTAND THAT IF ACCEPTED, I MUST ATTEND AND FULLY PARTICIPATE IN ALL *GETTING AHEAD* CLASSES (15 SESSIONS)

___ I UNDERSTAND THAT *GETTING AHEAD* IS A HAND UP, AND THAT I WILL GET OUT OF IT ONLY WHAT I PUT INTO IT, WHICH INCLUDES HARD WORK, EDUCATION, AND DEDICATION.

BY SIGNING BELOW, YOU UNDERSTAND THAT YOU ARE APPLYING FOR ADMISSION INTO *GETTING AHEAD* CLASSES AND THE BRIDGE BUILDING INITIATIVE AND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT YOU WILL BE ACCEPTED INTO THE PROGRAM. EVALUATION OF APPLICATIONS WILL BE DETERMINED AFTER AN INTERVIEW HAS BEEN CONDUCTED. IF YOU CONTACT INFORMATION CHANGES WHILE WAITING FOR ACCEPTANCE INTO *GETTING AHEAD* CLASSES, PLEASE NOTIFY OUR OFFICE SO THAT WE MAY UPDATE YOUR RECORDS. UNTIL YOU HAVE OFFICIALLY RECEIVED ACCEPTANCE FROM BRIDGE BUILDERS OF COOPERATIVE CHRISTIAN MINISTRY, IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR CONTACT INFORMATION ON FILE REMAINS CURRENT.

SIGNATURE _____

DATE _____

THANK YOU FOR YOUR INTEREST IN GETTING AHEAD!