

PARTNERS FOR LEARNING

APPLICATION FORM

Name: _____	Current Phone: _____
Naz Email: _____	
Current Address/Box #: _____	
Permanent Address: _____	
_____ Home Phone: _____	
Naz ID #: _____	Date of Birth: _____

1. MAJOR/AREA(S) OF CONCENTRATION: _____

_____ Undergraduate _____ Graduate
_____ Expected Date of Graduation

2. PROGRAM COMMITMENT:

Estimated number of hours you would want to work per week: _____. Salary rate is \$7.75/hour.

3. TRAVEL NEEDS:

_____ I will make my own arrangements
_____ I need to ride in a campus van
_____ I have a driver's license and am willing to take a Defensive Driving Course.
_____ I have taken a Defensive Driving Course and am willing to drive a van.
Date: _____ Location: _____

4. FINANCIAL INFORMATION:

_____ Are you currently eligible for Federal College Work-Study? Y N
_____ Do you have another work study/campus employment job? Y N

5. PLACEMENT PREFERENCES: (check area of special interest)

_____ Teaching assistant in classroom (preferred class level _____)
_____ After school tutoring

6. CHILD SAFTEY INFORMATION:

Have you ever abused a child? Y N
Have you ever been accused of abusing a child? Y N
Are you willing to complete a child abuse background check? Y N

7. PERSONAL OBJECTIVES

A. Write a short description of why you are interested in this particular program, including what you hope to learn from the experience.

B. Work Experiences:

8. PERSONAL SKILLS: List the strengths and skills that you see in yourself that may help you in this program.

9. SCHEDULE:

CIRCLE ALL PREFERRED HOURS:

	In school	In school	After school
Mon.	8:30-12:30	12:30-3:00	3:00-5:30
Tues.	8:30-12:30	12:30-3:00	3:00-5:30
Wed.	8:30-12:30	12:30-3:00	3:00-5:30
Thurs.	8:30-12:30	12:30-3:00	3:00-5:30
Fri.	8:30-12:30	12:30-3:00	N/A

Preferred Placement (rank):

- ___ School #4 (In School)
- ___ School #36 (In School)
- ___ Hope Hall (In School)
- ___ YMCA at Lewis Street (After School)
- ___ School #14 (After School)
- ___ SWAN (After School)
- ___ School #2 (After School)

PLEASE NOTE: You are responsible for submitting the attached recommendation form to a former teacher, faculty member, or someone that you have worked for and ask him or her to return it to the Coordinator of the Partners for Learning Program. You will be contacted for a personal interview when your application is complete.

DATE: _____ Signature of Applicant: _____

**NAZARETH COLLEGE
PARTNERS FOR LEARNING**

Recommendation Form

STUDENT APPLICANT: _____ **Job Description:** Tutor/mentor

Optional Confidentiality: (to be filled out by student applicant)

I agree to waive my right to access to this letter of recommendation under Family Educational Rights and Privacy Act of 1974.

Student Signature _____

As part of Nazareth College's commitment to encouraging community partnerships and towards promoting learning and self-esteem for youth in our community, Nazareth has established a partnership with Rochester City Schools #4, #2, #36, and #14, Hope Hall, the YMCA at Lewis Street, and SWAN. This partnership will allow our students to help raise the academic performance and educational aspirations of economically disadvantaged children while sharpening their own professional skills.

INDICATE THE LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT AND IN WHAT CAPACITY:

PLEASE RATE YOUR IMPRESSION OF THE APPLICANT IN THE FOLLOWING AREAS:

	Excellent	Good	Average	Poor
Reliability				
Honesty				
Social Skills				
Academic Ability				
Organization				
Sensitivity to others				
Maturity				
Potential for growth				
Overall rating:				

COMMENTS: On the back of this sheet, please briefly describe reasons you support or hesitate to support this student's acceptance in the job he/she has noted above for the Partners for Learning Program.

Date: _____ Signature: _____ Position: _____

**Please return to:
Partners for Learning, Campus Ministry, Nazareth College, 4245 East Avenue, Rochester, NY 14618**