



STRIVE2THRIVE APPLICATION

FOR OFFICE USE ONLY

RECEIVED ON ___/___/___ RECEIVED BY _____

APPLICANT WAS INTERVIEWED ON ___/___/___ INITIALS _____

APPLICATION APPROVED BEGIN DATE _____

APPLICATION DENIED REASON _____

APPLICANT INFORMATION

DATE _____

NAME _____ DATE OF BIRTH ___/___/___

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

CITY _____ STATE _____ WORK PHONE _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPERATED WIDOWED

SPOUSE'S NAME _____ DATE OF BIRTH ___/___/___

PLEASE LIST THE NAMES OF YOUR CHILDREN AND/OR CHILDREN LIVING IN YOUR HOUSEHOLD.

	NAME	BIRTHDAY	RELATIONSHIP TO YOU
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

I WAS REFERRED TO STRIVE2THRIVE BY: _____
(NAME OR ORGANIZATION)

EDUCATIONAL INFORMATION

HIGHEST GRADE LEVEL COMPLETED: K-5 6-8 9-12 GED ASSOCIATE'S DEGREE BACHELOR'S DEGREE MASTER'S DEGREE

ARE YOU CURRENTLY ENROLLED IN SCHOOL? YES NO

IF YES, WHERE SO? _____

BEGIN DATE _____ ANTICIPATED COMPLETION DATE _____

ARE YOU TAKING CLASSES THIS TERM? YES NO

IF NO, WHY NOT? _____

ARE YOU ENROLLED IN A GED PROGRAM? YES NO IF SO, WHERE? _____

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY WORKING? YES NO

IF NO, WHY NOT? _____

HAVE YOU WORKED IN THE LAST SIX MONTHS? YES NO IF YES, WHERE? _____

IF YOU ARE CURRENTLY EMPLOYED, PLEASE COMPLETE THE FOLLOWING INFORMATION:

COMPANY NAME _____ HIRE DATE _____

YOUR TITLE _____ HOURLY/ANNUAL PAY: _____

PLEASE CHECK ALL SOURCE OF INCOME AND INCLUDE THE AMOUNT:

___ UNEMPLOYMENT AMOUNT \$ _____ TANF AMOUNT \$ _____

___ CHILD SUPPORT AMOUNT \$ _____ SSI AMOUNT \$ _____

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

TANF	FOOD STAMPS	AHA/HOUSING	WIC
HEAD START	SECTION 8/RENTAL ASSISTANCE	UTILITIES/ENERGY ASSISTANCE	
VOCATIONAL REHAB	FREE/REDUCED SCHOOL LUNCH	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:

- | | |
|--|---|
| <input type="checkbox"/> FINDING EMPLOYMENT | <input type="checkbox"/> MAINTAINING EMPLOYMENT |
| <input type="checkbox"/> EDUCATION/TRAINING | <input type="checkbox"/> LEGAL PROBLEMS |
| <input type="checkbox"/> BUDGETING | <input type="checkbox"/> PARENTING |
| <input type="checkbox"/> HOUSING | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> FRIENDSHIPS/RELATIONSHIPS | <input type="checkbox"/> ISOLATION |
| <input type="checkbox"/> DRUGS/ALCOHOL | <input type="checkbox"/> CHILDCARE |
| <input type="checkbox"/> HEALTHCARE COSTS | <input type="checkbox"/> OTHER _____ |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

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

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

- I AM WILLING TO PARTICIPATE IN AN INTERVIEW WITH THE STRIVE2THRIVE STAFF AND/OR PROGRAM ADMISSION COMMITTEE.
- I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ARRANGE FOR CHILD CARE DURING MY INTERVIEW.
- I AM WILLING TO ATTEND A TWO HOUR ORIENTATION FOR STRIVE2THRIVE.
- I AM WILLING TO PARTICIPATE IN A 16-WEEK TRAINING COURSE (ONE NIGHT PER WEEK, APPROXIMATELY TWO HOURS PER NIGHT. CHILDCARE AND DINNER WILL BE PROVIDED.)
- FOLLOWING SUCCESSFUL COMPLETION OF THE 16-WEEK COURSE, I AM WILLING TO BE PLACED IN A "CIRCLE" WITH ALLIES WHO HAVE AGREED TO WALK WITH ME ON MY JOURNEY OUT OF POVERTY.
- ONCE PLACED IN A CIRCLE AND MATCHED WITH ALLIES, I AGREE TO MAINTAIN COMMUNICATION WITH MY ALLIES AND THE STRIVE2THRIVE COACH FOR A MINIMUM OF 18 MONTHS.

BY SIGNING BELOW, YOU UNDERSTAND THAT YOU ARE APPLYING FOR ADMISSION INTO STRIVE2THRIVE AS A CIRCLE LEADER. 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 YOUR CONTACT INFORMATION CHANGES WHILE WAITING FOR ACCEPTANCE INTO STRIVE2THRIVE, PLEASE NOTIFY OUR OFFICE SO THAT WE MAY UPDATE YOUR RECORDS. UNTIL YOU HAVE OFFICIALLY RECEIVED A LETTER OF ACCEPTANCE FROM THE STRIVE2THRIVE ADMINISTRATIVE OFFICE, IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT YOUR CONTACT INFORMATION ON FILE REMAINS CURRENT.

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR INTEREST IN STRIVE2THRIVE!

**PLEASE RETURN YOUR APPLICATION TO:
STRIVE2THRIVE
225 W. BROAD AVENUE
ALBANY, GA 31701**