

Application For Community Leadership Seminar

Welfare Rights Initiative
 Hunter College, E1222
 695 Park Avenue
 New York, NY 10065
 (212) 650-3569; FAX: (212) 650-3845

Personal Information

Name:		Date:	Age:
Student ID Number:		Languages:	
Home Address:			
City, State, Zip:			
Phone Number(s):	Email:	Age of Children:	

Student Status

Please Check: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Credits-to-date:		Expected Date of Graduation:	
Number of Credits You Plan to Register for in Fall, '11 Semester:			
Major, if known:		Grade Point Average:	
Career Goals/ Plans After College:			
Please List Any College or Community Activities/ Clubs/ Actions of the Past 2 Years:			

Experience With Public Assistance (Food Stamps, Medicaid, Cash and/ or Housing Assistance)

Please indicate if you and your family:

- Currently Receive Benefits; For ____ Years; Head of Household: yes no
- Have Received Benefits in the Past; For ____ Years; Year Terminated: _____
- TANF (AFDC); SN (HR); Other, please specify: