

New Opportunity School for Women, Inc.
204 Chestnut Street
Berea, Kentucky
Phone: (859) 985-7200
Fax: (859) 985-7100
E-mail: info@nosw.org
www.nosw.org

APPLICATION

Please read and follow the directions carefully. If a question does not apply to you, write in the blank "not applicable" or "N/A".

Today's Date ____/____/____

Session Applying for: Berea Summer ____ Berea Winter ____

Full Name of Applicant _____

Name that you wish to be called _____

Date of birth _____

Address _____ City _____

State _____ Zip _____ County _____

Phone Home (____) _____ Work (____) _____ Other (____) _____

Drivers License ___yes ___no Health Insurance ___yes ___no Medical Card ___yes ___no

Marital Status _____ Number of Children and their ages _____

Name, relationship, and age of all persons currently living in your home:

Your ethnic origin (optional): White__ African American__ Asian or Pacific Islander__
Hispanic__ American Indian or Native Alaskan__ Other__ (Information requested is
voluntary. It will not be used in making an admissions decision, but is collected for
Institutional research and reporting purposes.)

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EDUCATIONAL EXPERIENCE – Please list and give the dates of any high schools, colleges, business, or vocational schools that you have attended and degrees or certificates awarded to you, including a GED. (Attach an extra sheet of paper if necessary.)

DATE SCHOOL HIGHEST LEVEL ACHIEVED

JOB EXPERIENCE – List any jobs that you have held since high school and the approximate date you held the job. Briefly describe your duties in each position. Please start with your most recent work experience. (Attach an extra sheet of paper if necessary.)

DATE POSITION/EMPLOYER DUTIES

Are you currently employed? ___Yes ___No If yes, how many hours a week do you work? _____

If you have recently stopped working, please state the reason.

Please list any volunteer work you may have done in your community, church, or school.

Have you previously had career courses or career counseling? ___Yes ___No. If yes, please give date and describe.

Have you applied to a college or vocational school within the last year? ___Yes ___No
If yes, list the school _____ Have you been accepted? ___Yes ___No
When do you plan to begin? _____

Please understand that the three-week residential program generally requires physical activities including but not limited to walking (i.e. walking to and from classes, fieldtrips, etc.), climbing stairs, and sitting for long periods of time (i.e. class, riding in a vehicle, etc.). Please also know that the New Opportunity School takes very seriously its role as host to a number of participants each session, and will require each participant to conduct herself in a safe and productive manner.

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Because the New Opportunity School seeks to serve those of limited financial resources, income will be a strong consideration in choosing participants for the program. Please check the category that best represents your FAMILY income. (Be prepared to submit recent tax forms if requested.)

__\$0-10,000 per year
year

__\$10,000-15,000 per year

__\$15,000-20,000 per year

If over \$20,000 per year, please list amount \$_____per year.

List sources of income. (For example: your work, your husband's work, alimony, welfare benefits, etc.)

List any recent unusual financial difficulties. Please explain.

Have you ever been convicted of a felony or misdemeanor by any court including local, state federal, or military? ___Yes ___No If yes, please give date and explain.

I give my permission for a background check. _____Yes _____No

How did you hear about the New Opportunity School for Women?

There is a limited amount of money available for child care and travel expenses. Please list the total amount of money required for **travel expenses** to come to Berea for the three-week session, if any._____

Please list the total amount of money required for **child care expenses** while in Berea for the three-week session, if any_____

If selected, I agree to attend the entire three-week program of the New Opportunity School for Women and participate fully in all scheduled activities.

Signature of Applicant_____ **Date**_____

Attach to this application two letters of recommendation from people who know you well (i.e. ministers, teachers, employers, social workers, volunteer coordinators, or relatives). Please ask that they describe their relationship to you, how long they have known you, and why they feel you would be a good candidate for this program. They should also include their contact information and phone number on their letter.

A P P L I C A T I O N

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Please write one or more pages about why you want to attend the New Opportunity School for Women and how you think it will help you. Feel free to discuss any unique circumstances that you think merit consideration. Without this personal statement and two letters of recommendation, your application will not be considered. You may attach extra sheets of paper.

**PLEASE SEND THIS COMPLETED APPLICATION TO:
New Opportunity School for Women
204 Chestnut Street
Berea, KY 40403**

ALL APPLICATIONS MUST BE POSTMARKED BY _____