



Application Form

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ May we leave a message? Yes No

Phone Access: Regular (home phone/ cell phone) Limited Access (shelter, library, friend, etc.)

Email Address: _____ Alternate phone: _____

Birth date: ____/____/____ Preferred Method of Contact: _____

Emergency Contact: _____ Phone: _____

Race/ Ethnicity:

- White/ Caucasian Black/ African-American Hispanic (any race) Asian
 Am. Indian/ Alaska Native Hawaiian/ Pacific Islander Other _____

Citizenship:

- United States Citizen Permanent Resident Other _____

Language:

Primary Language _____ Other Language(s) _____

Do you need assistance with: Speaking English Reading or Writing in English

Are you considered a dependent on your parent's/guardian's tax records? Yes No

Household:

How many people, including yourself, reside in your household? (Family members and non relatives who live together?)

_____ # of adults

_____ # of custodial dependent children (*# of children who rely on you for financial support*)

_____ # of noncustodial dependent children

_____ # other dependents: _____

Do you expect any changes to your household within the next 12 months? Yes No

If yes, please explain: _____

Your Household: List each household member, their relationship to you, and their source of monthly income. (For Race: Black or African American, White, American Indian or Alaskan Native, Asian, Multi-Race, Other. Information on Race is used for demographic purposes).

(Name)	(Sex)	(Age)	(Race)	(Relationship)
(Education Level)	(Monthly Income)	(Source of monthly income)		

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Housing:

- Own home/Condo Rent Public Housing or other housing program
- Staying with friends/ family Homeless (shelter, camping, living in car)
- Other, please explain _____

Living Conditions: Are your living conditions safe? Yes No

If No, please explain: _____

Marital Status:

- Single Married Widowed Separated or Divorced Cohabiting/Domestic Partner
- Other, please explain _____

Employment	
Employed?	<input type="checkbox"/> Yes Where?: _____ <input type="checkbox"/> No
Position:	_____
Hours/Week	_____ hours/week @ \$_____/hour
Benefits?	<input type="checkbox"/> Yes Explain: _____ <input type="checkbox"/> No
Any additional information (i.e. compensation from any additional work, if applicable)	_____

Monthly Income: Indicate how much of the following you receive each month.	
Wages (take home after taxes): _____	Veteran's Benefits: _____
SNAP (Food Support): _____	Child Support: _____
County Assistance (MFIP/ DWP): _____	Workers Comp: _____
Supplemental Security Income (SSI): _____	Unemployment: _____
Disability (SSD): _____	Other: _____
Total: _____	

Does anyone in your household receive any type of assistance not listed above? If yes, please list the type of assistance and monthly amount received.

On a normal basis, are you able to meet monthly household expenses? Yes No
If no, what is your largest barrier to meeting monthly household expenses?

Transportation:

- Own a car Share a vehicle Renting/Leasing car Public Transportation
 Other, please explain: _____

Military:

Have you served active duty in the U.S Military? Yes No
 Additional information: _____

Legal:

Do you have a prior criminal record (Misdemeanor/ Felony/ Arrest with conviction/etc.)?
 Yes No
 If yes, please explain: _____
 Are you on Parole or Probation? Yes No
 If yes, when do you expect your probation to end? _____
(Month/Year)

Your Education:

Secondary/High School	
Highest Grade Completed	_____
Name/Location of High School	_____
Dates Attended	_____
Additional Information	_____

Previous Post Secondary Education	
Highest Level Completed	
Name/Location of School	
Dates Attended	
Additional Information	

Current Post Secondary Education <i>(If not currently enrolled, go to next section)</i>	
Name/Location of School	
Major or field of study	
Anticipated graduation date	
Cost of tuition	
Work while attending school?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Work Study <input type="checkbox"/> Do not work
Grants, scholarships, or financial aid	<input type="checkbox"/> None <input type="checkbox"/> Yes: List type and amount _____ _____ _____
Are living expenses covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No: List Expense and amount _____ _____

Please list any concerns you have about attending and completing school:

How will receiving assistance help you to complete your education?

Please share what motivated you to pursue a degree in Nursing:

Onward and Upward Certification

- I certify the information on this application is complete and accurate to the best of my knowledge.
- I agree to submit documentation required by Catholic Charities of the Diocese of Winona and failure to comply will result in denial of the application.
- I authorize Catholic Charities of the Diocese of Winona to contact any organizations or vendors listed on the application for additional information or to verify information provided.
- I understand that application submission does not guarantee acceptance.

Signature

Date

- **Attach proof of enrollment in the LPN or 2-year RN program at RCTC**
 - Letter of acceptance or class schedule
- **Attach proof of Pell Grant eligibility**
 - Award Letter or signed release for Financial Aid office
- **Mail Application, Certification, and proofs of eligibility to address listed below:**

**Catholic Charities
903 W Center St Ste 220
Rochester, MN 55902**