

ASPIRA CTC

PARTICIPANT ENROLLMENT FORM

Directions: Please fill in the blank or the applicable boxes for each question below.

Tell Us About Yourself

Name _____ Today's Date ____ / ____ / ____
First Middle Last MM DD YY

Address _____
Street Apt. Number City State Zip

Phone (____) _____ Social Security Number _____

What is your birth date? ____ / ____ / ____ What is your gender? Male Female

Name of your school _____ MM DD YY

Tell Us More About Yourself

How would you describe yourself?

- Puerto Rican Asian-American
 Mexican-American Caucasian
 Other Latin American Other
 African-American

What language does your family usually speak at home?
(Check only one, please.)

- Spanish English Other _____

What is the highest grade you've completed?

- 6th Grade 9th Grade
 7th Grade 10th Grade
 8th Grade 11th Grade

How did you hear about this program?

- Teacher /Counselor Friend in the Program
 Letter (or call) from ASPIRA Neighbor
 Church or Synagogue Other

Have you participated in other special computer training programs? Yes No

If yes, for how long? Less than a year 1 Year 2 Years 3 or more Years

Do you own a computer? Yes No

Do you have an e-mail address? No Yes E-mail address: _____

Do you have a disability requiring special attention? Yes No

If yes, please describe _____

Tell Us About Your Family

Mother's Name _____ Work phone (____) _____
First Last

What is the highest degree she has completed?

- No Degree GED/High School 2 year College 4 year College or University Graduate School

Father's Name _____ Work phone (____) _____

First Last

What is the highest degree he has completed?

- No Degree GED/High School 2 year College 4 year College or University Graduate School