



Great Expectations

FOSTERING POWERFUL CHANGE

Great Expectations Program Mountain Empire Community College

PERSONAL INFORMATION

Name: _____
First Middle Last

Empl ID: _____

Birthdate: _____

Address: _____

Home Phone: _____

Mobile Phone: _____ Preferred contact type? _____

Email: _____

School Email: _____

High School or County of Residence: _____

Level of High School Completed: _____ GED? _____ Year _____

Number of College Credits Currently: _____

How did you hear about the Great Expectations Program?

HEALTH/EMERGENCY INFORMATION

Special Needs or Requirements for your education:

List any Medications or Specific Health Information:

FOSTER CARE/ADOPTION INFORMATION

Department of Social Services Contact: _____

Phone Number: _____

Number of Years in Foster Care: _____

Comments:

Emergency Contact: _____ **Phone:** _____

Guardian's Name: _____

Address: _____ **Phone:** _____

What is your current living situation?

Any immediate concerns about starting/continuing college?

COLLEGE AND WORK INFORMATION

What Program of Study Interests you? _____

What is your method of transportation? _____

Are you currently employed or are you looking for employment? _____

Name of Employer: _____ **Phone:** _____

Would you be interested in doing a job shadowing experience?

What types of employment interest you?

Great Expectations Participant

Date

Great Expectations Coordinator

Date