

Project SHINE

# Student Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

Date of birth: \_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity/Ethnicities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Metro State Email | : |

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID Number: |  | Total number of hours per week available for on-site tutoring: |  |

Community Partner Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (<http://projectshinecommunitypartner.weebly.com/> to view community organizations, choose at least two sites for possible placement.)

**Education Background**

Anticipated Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course No: Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Credits: \_\_\_\_\_\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have experience with ESL? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, explain below.

Have you participated in Project SHINE before?

Project SHINE experience:

TUTOR TRAINING: All tutors must attend a Project SHINE orientation/training session prior to placement. Please contact Awo Ahmed for the training date, time and location.

**❒** Will attend the training

**❒** No, I cannot attend the trainings.

Please send application to Awo Ahmed at [awo.ahmed@metrostate.edu](mailto:awo.ahmed@metrostate.edu) or call 651-793-1288 with any questions.