

CareerReady Application for STAR+PLUS Members



PERSONAL INFORMATION

Full Name: _____

Member ID: _____ Date of Birth: ____/____/____ Sex: Male Female Other

Race/Ethnicity: White Hispanic/Latino Black/African American Asian Other (Please Specify): _____

Cell Phone: _____ Email Address: _____

Secondary Phone Number: _____ Do you have children? Yes No

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Do you have a valid Driver's License? Yes No If no, do you have an unexpired government issued ID? Yes No

How did you hear about this scholarship opportunity?

Email My Doctor/Nurse Friend/Family Member Community Website Social Media Postcard

Community Employee Other (Please Specify): _____

SCHOOL INFORMATION

Please attach an unofficial transcript to this application when you submit it.

What is the highest level of education you completed? Less than high school High school diploma/G.E.D. Some college

Associates Degree Bachelor's Degree Master's Degree Other (Please Specify): _____

If you have a high school diploma or G.E.D., what is the name of you high school or institution where you received your GED?

Name: _____ City: _____ State: _____

What job/certification areas are you interested in studying? _____

When would you like to begin job certification classes? Spring Summer Fall

Do you require any support to attend school? Yes No

If yes, what type of assistance do you need? _____

QUESTIONS

1.) What is the most important thing you have learned in life so far?

2.) Where do you see yourself in five years?

To complete your application, please sign below:

Signature: _____

Name: _____ Date: _____

FOR OFFICE USE ONLY

Health Plan: _____ Review Date: _____

Years of Membership: _____ Reviewer: _____