



Community Health Worker Application

I. Contact Information (print clearly)

First & Last Name:		Date of Birth:	Social Security:
Address:		City, State:	Zip Code:
Primary Phone:		Email:	
Secondary Phone:			
Female: <input type="checkbox"/> Male: <input type="checkbox"/>	High School Graduate: <input type="checkbox"/> GED Certificate: <input type="checkbox"/>	Most recent school attended:	
Have you earned college hours? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If yes, how many hours have you earned? _____ hours	
Has anyone in your family graduated from college? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If yes, who? (list their relation to you)	
What is the best time to contact you?		What is your current occupation?	
How did you hear about the course?			
What interested you to pursue this course?			
What is your goal for the course?			
Are you seeking financial assistance through an organization, program, or private donors? Yes: <input type="checkbox"/> No: <input type="checkbox"/> <i>If yes, please complete the information below.</i>			
Agency Name: _____		Point of Contact: _____ <small>(name) (phone number)</small>	
Amount Pledged: _____			
Are you applying for a scholarship through Presa Community Center? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

II. Household Information

Marital status (<i>circle one</i>): Single Married Separated Divorced Widowed Domestic Partner

List all of the individuals currently living in your household. Begin with yourself. If more space is needed, please complete on a separate page and attach to the application.

#	First and Last Name	Relation to you	Age	Total Income (Monthly)	Source of Income*
1.					
2.					

II. Household Information cont.

	First and Last Name	Relation to you	Age	Total Income (Monthly)	Source of Income*
3.					
4.					
5.					
6.					
7.					

Please include formal employment, self-employment, unemployment, veterans' benefits, child support, SSI, TANF, SNAP, or other.

III. About You
Service Learning / Volunteer Work

Organization Name	Description of Activity	From	Thru	Total Hours

Awards / Honors*

Type of Award	Received From	Description	Date Received

Copies of the certificates are optional and can be submitted with the application.

IV. Essay

On a separate sheet of paper, type a minimum one-page essay addressing the following:

- A. Tell us about your professional aspirations and career goals.
- B. What are some of your current personal challenges?
- C. How will this class help you attain your goals?

V. Reference Letters

Applicants must provide two professional referral letters. Letters should be written by individuals unrelated to you.

Criteria that should be addressed in the letter include:

- A. Documented evidence of the applicant's achievement in leadership and/or service
- B. Demonstrated ability to effectively communicate interpersonally
- C. Overall potential for study as a Community Health Worker

Letter must be submitted in a sealed envelope with the author's signature appearing across the seal. Please note that this portion of the application will not be waived for any reason.

VI. Official Documents

All documents requested on the Documentation Checklist Form must be submitted with your application at the same time. Your application will NOT be reviewed if incomplete.

VII. Authorization

The Community Health Worker course is a selective and competitive admission program. The Presa Community Center, in conformity with the purpose assigned it by the State of Texas and its mission statement, selects the best qualified students for its entering class who demonstrate a potential to become competent and caring Community Health Workers and who will serve the identified needs of the community members in our State of Texas. To that end, the committee considers the totality of each application and gives importance to the factors enumerated on the completed application, essay, and supplemental documents.

I certify by signature that the information provided in this application is correct.

Signature: _____

Date: _____