Young Parent Success Program

EMPath
Economic Mobility Pathways

Thank you for your interest in applying to EMPath-Brigham's ***Young Parent Success Program***. Please complete this application. A mentor from the Young Parent Success Program will contact you as soon as your information is received and processed. We look forward to meeting you and getting the opportunity to join you in your success.

You can return your completed application through any of the ways listed below:

1) Return the application to the staff who gave it to you
2) Email to Charmaine Lujares: clujares@empathways.org
3) Mail to:
   Charmaine Lujares
   One Washington Mall, 3rd Floor
   Boston Ma 02108

To help us better assist you, please fully complete this application. Information provided will be kept confidential and will not be shared outside of the Young Parent Success Program.

Today's Date: _____

APPLICANT INFORMATION

Full Name: _____
First *M.I.* *Last*

Date of Birth: _____/_____/_____

Have you participated in any of these programs?

Young Parent Ambassador Program	☐ Yes	☐ No
Mother of Justice and Equality	☐ Yes	☐ No

CONTACT INFORMATION

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Please check the best way to contact you:

☐ Home Phone: _____ ☐ Cell Phone: _____
☐ Work Phone: _____ ☐ Other Phone: _____
☐ E-mail Address: _____

☐ U.S. Mail: _____
Mailing address, if different from your home address

DEMOGRAPHIC INFORMATION

Gender (please check):

☐ Female ☐ Male ☐ Transgender ☐ Prefer not to disclose

Primary Race (please check):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other:

Secondary Race (please check):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other:

Ethnicity:

☐ Latino/Hispanic ☐ Non-Latino/Hispanic

The questions below do not prevent enrollment in the program. We ask these questions so that we can better support you in your goals and success. If you are not comfortable answering any of the questions, you can leave it blank.

Do you have legal status to work in the United States? ☐ Yes ☐ No

If yes, are you a: ☐ U.S. Citizen

☐ Legal Permanent Resident

☐ Other immigration status:

Do you have you High School Diploma or GED? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

Do you have concerns with your CORI? ☐ Yes ☐ No ☐ Unsure

Is English your first language? ☐ Yes ☐ No

If no, what is your primary language: _____

Please rate your level of English proficiency (circle one)

1	2	3	4	5
Low		Moderate		High

HOUSEHOLD MEMBER INFORMATION

Are you currently expecting or parenting? ☐ Yes ☐ No

Please list everyone who currently resides in your household and their relationship to you:

PLEASE TELL US ABOUT YOURSELF

1. **How did you hear about the Young Parent Success Program?**

2. **Tell us more about yourself. Why are you interested in the program? What goals would you like to accomplish with your mentor?**

3. **What are the best days and times to meet with your mentor?**

By signing below, I am certifying that I would like to be a part of the Young Parent Success Grant Program

X _____ _____

Signature *Date*