

Staff Work Study Discount Application

Please fill out this application and send it to: newhope@rinconfamilyservices.org

Full Name -			
	Name	Last Name	M.I.
Permanent residence	Num	ber, Street - Apartment Number	r
		City, State, ZIP	
Phone		E-mail	
Current supervisor:		— How Long have you worke	d for RFS? ————
Please list your most red	cent position(s) at RFS:	NEW H	OPE
			spouse or life partner and children lease do not include guests, elderly
Intented Studies List the secondary scho	☐ CADC Certification ool from which you grad	CODP Certification uated, and all higher education	☐ Other institutions attended.
	rk with religious organiz	omeless services, environmental zations, etc.). Do not repeat item	



Income-Based Discount Application Form

Briefly describe, why are you pursuing the CADC/CODP Certifcation and why now? (No more than 300 words)			
What do you think sets you apart from other staff candidates?			
(No more than 300 words)			
I affirm the information contained here is true and accurate Full Name			