



New Opportunity School for Women, Inc.
204 Chestnut Street • Berea, Kentucky 40403
859-985-7200 • www.nosw.org

Residential Program Application

Please read and follow the directions carefully. If a question does not apply to you write N/A.

Today's Date ____ / ____ / ____

Name _____

Name that you wish to be called _____

Date of birth _____

Address _____ City _____

State _____ Zip _____

Primary Phone (____) _____

Email: _____

Marital Status _____

Please list all who reside in your home: name, age, and relationship to you:

Your ethnic origin: _____

Please list the education you have received:

Are you currently employed? ___ Yes ___ No

If yes, how many hours a week do you work? _____

Are you currently working with a therapist? ___ Yes ___ No

Please understand that the two-week residential program generally requires physical activities including but not limited to walking (i.e. walking to and from classes, fieldtrips, etc.), climbing stairs, and sitting for long periods of time (i.e. class, riding in a vehicle, etc.). Please also know that the New Opportunity School takes very seriously its role as host to a number of participants each session, and will require each participant to conduct herself in a safe and productive manner.

Because the New Opportunity School seeks to serve those of limited financial resources, income will be a strong consideration in choosing participants for the program. Please check the category that best represents your FAMILY income.

___ \$0-10,000 per year ___ \$10,000-15,000 per year ___ \$15,000-20,000 per year

If over \$20,000 per year, please list amount \$ _____ per year.



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List sources of income. (For example: your work, your husband's work, alimony, welfare benefits, etc.)

Do you give permission for a background check? A past conviction will not impact your acceptance into our program. I give my permission for a background check. Yes No

How did you hear about the New Opportunity School for Women?

There is a limited amount of money available for Child Care. Would you need assistance paying for Child Care?
 YES NO

There is a limited amount of money available for Travel Expenses. Would you need assistance paying for Travel to Berea? Yes NO

If selected, I agree to attend the two-week program of the New Opportunity School for Women and participate fully in all scheduled activities.

Signature of Applicant _____ Date _____

IMPORTANT: Attach to this application two letters of recommendation from people who know you well (i.e. ministers, teachers, employers, social workers). Please ask that they describe their relationship to you, how long they have known you, and why they feel you would be a good candidate for this program. They should also include their contact information and phone number on their letter. Please do not use family members.

Please write one or more pages about why you want to attend the New Opportunity School for Women and how you think it will help you. Feel free to discuss any unique circumstances that you think merit consideration. Without this personal statement and two letters of recommendation, your application will not be considered. You may attach extra sheets of paper.

PLEASE SEND THIS COMPLETED APPLICATION TO:

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