



# Adult Literacy Learner Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Native Language: \_\_\_\_\_ How much English do you speak? \_\_\_\_\_

Last Grade Complete in School: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have difficulty reading in your native language? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Can you meet at the Kearney Library once a week for 1 hour sessions? \_\_\_\_\_

Availability: *Please mark when you may be available or would prefer to meet for your tutoring sessions.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Special Interests/Abilities: \_\_\_\_\_

What is your Goal(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_