Adult Literacy Learner Application

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Native language: _____ How much English do you speak? _____

Last grade completed in school? _____ Location:_____

Do you have difficulty reading and writing in your native language? _____

Current employer: _____

Can you meet at Kearney Public Library once a week for one-hour sessions? _____

Availability (please mark the specific days and times you may be available or would prefer to meet for your one-hour tutoring sessions):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Special interests/ abilities: _____

_____

What is your goal (s)? _____

_____

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