

“Preserving our culture,

 Reaching our potential.”

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 Reaching our potential.”

(617) 506-8150

268 Bowdoin Street

Dorchester

**Application Form**

**Applicant Information**

**Full Name:** **Date:**

 *Last Name First Name M.I.*

**Address:**

 *Street Address Apartment/Unit #*

 *City State ZIP Code*

**Phone:** **Email:**

**Gender:** □ Female □ Male

**Race/Ethnicity/Language**

**Your Race/Ethnicity**

* Cape Verdean
* Black or African American
* Hispanic
* Caucasian / White
* Other:

**Your Language Skills**

* Kriolu/Portuguese
* English
* Spanish
* Other:

**Classes**

* Kriolu Language and Culture Class
* English Class Education Level:
* Citizenship Class
* New Immigrant Orientation
* Adult Literacy
* Computer Literacy
* Financial Literacy
* Immigrant Orientation

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I further agree to pay the registration fee for the above program.

*Your Name*

*Signature*

*Date*