

# FINANCIAL LITERACY REGISTRATION FORM

The Hopes and Dreams Foundation  
9426 S. Western Ave, Los Angeles, CA 90047  
877.230.6301 phone 310.997.3619 fax

Applicant Name \_\_\_\_\_  
Last Name First Name MI

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Own or Rent (circle one)

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Daytime Phone Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (Check one):

- White/Caucasian
- Hispanic
- Black/African American
- American Indian or Alaska Native
- Asian
- Hawaiian Native or other Pacific Islander
- Multi-racial
- Other

Disability:  Yes  No

Highest Grade Completed:

- Less than high school graduation
- High School Graduate Graduation Date \_\_\_\_\_
- GED Date GED Attained \_\_\_\_\_
  
- Some Post H.S., no degree or certificate  Certificate (< 2 years)
- Associate Degree (Year:\_\_\_\_\_)  Bachelor Degree or Above (Year:\_\_\_\_\_)

Name and Address of Last School Attended \_\_\_\_\_  
\_\_\_\_\_

Current Monthly Income: \_\_\_\_\_ Household size: \_\_\_\_\_

Income Source: \_\_\_\_\_ Head of Household: \_\_ M or \_\_ F

Current Employment:

Name and Address of Current Employer \_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency (contact):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

If a minor, parent/guardian signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**For administrative use only:**

**Identification Type:** \_\_\_\_\_ **Income Verification:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_