



750 Main Street, Suite 105
Grand Junction, Co 81501
Phone: 970.234.3519

Email: kim@fosteralummentors.org
Website: www.fosteralummentors.org

FAM Application

Name: _____ Phone: _____

Physical Address: _____

Mailing Address (if different): _____

Date of Birth: _____ Email Address: _____

Are you currently homeless? Yes ___ No ___

What is your current living situation? _____

Do you have children? Yes ___ No ___ If yes, how many? _____

Are you employed? Yes ___ No ___ If yes, where? _____

What is your monthly income? \$ _____

Do you receive any of the following resources? (circle all that apply)

Housing Medicaid Food Stamps WIC LEAP CCAP CHAFEE

Are you currently in school? Yes ___ No ___ Where? _____

What is your highest level of education completed? _____

Are you interested in attending college? Yes ___ No ___

Would you like assistance navigating information regarding college? Yes ___ No ___

Were you in FOSTER CARE or KINSHIP CARE? (circle which one applies)

How long were you in care for? _____ Did you age out? Yes ___ No ___

What City & State were you in care? _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____



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What are your top 3 goals right now?

- 1. _____
- 2. _____
- 3. _____

Please describe your transportation situation. _____

What three words best describe you?

Who do you live with? _____

Describe your ethnic and racial background. _____

Do you speak any languages other than English? _____ If yes, please specify: _____

What activities are you involved in?

Are there any subjects in school or areas at work you are looking for help with?

Is there anything else you feel would be important for us to know about you?

What would you like to participate in?

FAM Time

Mentoring

Workshops