

**HOPE COLLEGE
UPWARD BOUND PROGRAM
VAN DRIVER APPLICATION**

Name: _____ Email: _____

Permanent Address: _____ Student Number: _____

Local Address: _____ Telephone Number: _____

Social Security Number: _____ Birth date: _____

Student Status: (circle one) Freshman Sophomore Junior Senior

G.P.A. _____ Major _____ Minor _____

Do you have a valid Michigan Driver's License? _____ Other? _____
(Please submit copy with application)

Are you insured and approved to drive Hope College vehicles? _____

Please describe past work experiences in which you provided transportation. _____

Have you had experience in educational programs? _____ If so, please describe briefly. _____

Extracurricular activities: _____

Hobbies or interest: _____

Past Work Experiences

Dates	Position	Dates	Position
_____	_____	_____	_____
_____	_____	_____	_____

Personal References (not former employers or relatives)

Name	Address	Phone

How did you learn about Upward Bound? SEO _____ Friend _____ Other _____

Are you presently receiving financial aid under the work-study program? Yes _____ No _____

When would you be available to work? _____

Signature: _____ Date: _____

PLEASE FILL OUT YOUR CLASS SCHEDULE.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

8:00	8:00	8:00	8:00	8:00
9:00	9:00	9:00	9:00	9:00
10:00	10:00	10:00	10:00	10:00
11:00	11:00	11:00	11:00	11:00
11:30	11:30	11:30	11:30	11:30
12:30	12:30	12:30	12:00	12:00
1:30	1:30	1:30	1:30	1:30
2:30	2:30	2:30	2:30	2;30
3:30	3:30	3:30	3:30	3:30
4:30	4:30	4:30	4:30	4:30