

H.S.R.C.

Health Sciences Resource Center

T.R.A.I.N. PROJECT

Allied Health and Nursing Tutor Application

| APPLICANT INFORMATION | | | | | |
|---|--|----------------|--|------------------|------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Home Phone | | Cellular Phone | | | |
| AVAILABILITY | | | | | |
| <i>Please list the days and times that you are available to tutor students.</i> | | | | | |
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| FACULTY RECOMMENDATION | |
|---|------|
| I would like to recommend this student to serve as a tutor for the Health Sciences Resource Center. This student has completed the course(s) that he/she will be tutoring for and has maintained a 3.0 average (or higher) in the course(s). I believe that he/she would be an asset to the program. This student meets the qualifications to tutor students that are enrolled in the following courses: <i>(Please attach copies of relevant transcripts to the application.)</i> | |
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| | |
| Instructor Signature | Date |

| FOR OFFICE USE ONLY | |
|---|--|
| Does the student receive Financial Aid? | |
| Are you employed in one of the following areas of Wallace Community College? <input type="checkbox"/> Yes <input type="checkbox"/> NO | |
| <input type="checkbox"/> Federal student work study program | <input type="checkbox"/> Pathways (as a tutor) |
| <input type="checkbox"/> Math lab tutor | <input type="checkbox"/> Wallace College (part-time) |

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