



NormaSmiles

## Academy of Caregiver Excellence Participant Application

303-886-1070 info@normasmiles.org 5675 S. Alexander Ct., Greenwood Village, CO 80121

### Applicant Information

First Name:

Age:

Last Name:

Address:

Cell:

Email:

Ethnicity:

Social Security:

Are you eligible to work in the U.S. ?

Do you have a valid driver's license and reliable transportation?

Have you ever been convicted of a crime?

If Yes, please  
explain:

## Essay Questions

Why do you want to become a Caregiver?

Why do you feel you should be awarded a scholarship to the Norma Smiles Academy of Caregiver Excellence?

## Education

High School:

Year:

Did you graduate / earn GED?

Did you have an individual education plan (IEP)?

College:

Year:

Degree:

## Work Experience

Company:

Job Title:

Supervisor  
Name:

Supervisor  
Contact info:

From:

To:

Responsibilities:

Reason for  
leaving:

May we contact your previous employer?

If not, please  
explain:

Company:

Job Title:

Supervisor  
Name:

Supervisor  
Contact info:

From:

To:

Responsibilities:

Reason for  
leaving:

May we contact your previous employer?

If not, please  
explain:

## Reference

Please provide the contact information for a personal reference that can speak to your character, work ethic, and desire to serve others. This can be a mentor, teacher, pastor, counselor, family friend, etc.

Full Name:

Relationship:

Contact info:

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this application could result in my release from the Academy should I be accepted.

Signature:

Date: