



Sanctuary of Hope Application

Before you complete this application, please understand that this program is a long term commitment to education, mentoring, housing stabilization, and self-reliance.

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home phone _____ Wk phone _____ Cell phone _____

Email _____

Auto Make/Model _____ Year _____ Mileage _____ Payments _____

Transportation

What's your method of transportation? _____

Do you have a car? _____ Does it run well? _____

Do you have auto insurance? _____ Yes _____ No

Technology Information

Do you own a computer? _____ Yes _____ No

Education

Highest level of education _____ What was your high school G.P.A. _____

If you have attended college, approximately how many units have you completed? _____

Are you currently enrolled? _____ Where? _____ What is your cumulative G.P.A? _____

Have you applied for Federal Financial Aid? _____ Yes _____ No

If yes, please provide your FAFSA number

Employer Information

Current Employer _____ City _____ Days/Hours _____

Past Employment _____ Year _____ Reason for Leaving

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Health

Do you currently have health insurance? ____ Yes ____ No

If yes, health care provider _____ (e.g. Medicare, Blue Shield)

Financial

What is your current monthly income? \$ _____

What is your source (or sources) of income?

1. _____
2. _____
3. _____

Do you have a checking and/or savings account? ____ Yes ____ No

Will you contribute to monthly savings on-time and program fees? ____ Yes ____ No

Drug Use

Do you currently use illegal drugs? ____ Yes ____ No

If so, what kind and how often? _____

Do You Smoke? ____ Yes ____ No

Arrests and Convictions

Have you ever been arrested or convicted for a misdemeanor or felony? ____ Yes ____ No

If so, what was the nature of the incident? _____

If you weren't convicted, what was the disposition? _____

Housing Information

Have you ever had a roommate? ____ Yes ____ No

If so, how did it go?

Have you ever been asked to leave a living arrangement? ____ Yes ____ No

If yes, explain: _____

Will you be respectful of staff, house mates, and the neighborhood? ____ Yes ____ No

List Three Emergency Contacts

Please list three people we should contact in the event of an emergency?

Name: _____ Phone: _____ Relation: _____

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Name: _____ Phone: _____ Relation: _____

Please provide 2 Letters of Recommendation.

Who referred you to Sanctuary of Hope?

(state his or her name or the agency name)

Please attach a one page request stating why you would like to be part of the Sanctuary of Hope, your past living arrangements, your school status, etc. Describe your career goals and educational plans.

I certify that all of the information contained in this application and my personal statement is true and complete to the best of my knowledge, and give Sanctuary of Hope permission to verify the above stated information including and not limited to a background check. I agree that my program participation may be terminated if I have made any false or incomplete statement(s) in this application. I understand that this is only part of the application process and that final acceptance into the program is contingent upon my successful completion of an in-person interview, orientation, and final approval by Sanctuary of Hope staff and/or board.

Signature Date

Email form to: info@thesoh.org or mail to Sanctuary of Hope PO Box 431038, Los Angeles, CA 90043