



CHARLOTTESVILLE SCHOLARSHIP NAVIGATOR APPLICATION

Contact Information

Name: _____ Date: _____

Gender: _____ (for matching purposes) Are you at least 21 years old? _____

Home Address: _____
Street Address City
State Postal Code

Phone No. _____ E-mail Address: _____

What is the best way to contact you (specify a specific phone number or email address)?

Education and Training

College Attended: _____ Major: _____

Other Education and/or Special Training that would help you with a scholar: _____

***What is your preferred way to keep in contact with your scholar (select all that apply)?**

Email

Telephone

Facebook

Other

Text

Matching Questionnaire

1. Do you speak any languages other than English? _____

If so, please indicate below:

Language	Fluent	Write	Read

2. Please list prior volunteer experience

Organization	Date Started/Completed	Activity/Responsibilities

3. Would you prefer to be matched with a male or female? _____

4. How did you hear about the Charlottesville Scholarship Program Navigator? _____

5. What qualities, skills, experience, or other attributes do you feel you have that would benefit a scholarship recipient? Please explain.

6. Do you have any questions or concerns with becoming a Navigator?

7. What do you hope to gain from becoming a navigator?

8. My favorite subject in school was _____

9. My least favorite subject in school was _____

References

Please list three (3) references who have known you for at least one (1) year. Please give complete addresses and phone numbers. References will be contacted by phone or email.

Name: _____ Relationship: _____

Email: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Email: _____

Phone Number: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Email: _____

Phone Number: _____ Number of Years Known: _____

I understand that all information obtained from me or about me will be held in confidence by Charlottesville Scholarship Program.

I give permission for any staff member of Charlottesville Scholarship Program to review all information contained in my file for the purpose of matching, evaluation, program audit and staff training. I also give permission Charlottesville Scholarship Program to review my volunteer information in connection with their periodic audit for purposes of evaluation, conditioned upon confidentiality.

I DO / I DO NOT consent to the use of identifying information in print, video films and photographs for publicity/promotion Charlottesville Scholarship Program.

Signature

Date