

Semester: _____
Received: ___/___/___

SUCCESS CENTER

Tutor Application

Name: _____ SSN: _____
First Last MI

Are you an ASPIRES participant? Yes / No

Do you qualify for work study funds? Yes / No

Address: _____
City State Zip

Phone Number: _____ E-Mail: _____

Approximate number of hours/week you could tutor: _____ Current Grade: _____

College Major: _____ Cumulative GPA: _____

What subjects you feel qualified to tutor:

Please list a faculty member(s) from Iowa Lakes Community College that would recommend you for this position:

Please indicate what hours you would be available to provide tutoring in a typical week:

	Mon.	Tues.	Wed.	Thurs.	Fri.
A M					
P M					

I do hereby authorize Success Center to access transcript and financial information from Iowa Lakes Community College to determine initial and continuing eligibility as a tutor. I also agree that Success Center may share my name with other college tutoring programs.

I agree to attend tutor training sessions as they are scheduled (unless other arrangements are made), begin scheduled tutoring sessions on time, have no more than 2 unexcused absences, and return monthly paperwork on last day of the month (individual reports and timesheets).

Signature

Date