YMCA OF GREATER NEW YORK
We build strong kids, strong families, strong communities
INTERNATIONAL

Send to:
YMCA Language Center
International Branch, 2nd Floor
5 West 63rd Street
New York, NY 10023
phone: 1-212-727-8800, ext. 4345 or 4336
fax: 1-212-727-8814
email: dgica@ymcanyc.org
website: internationalymca.org

Adult Literacy Program

Instructions:
1. Complete this application.
2. Include a deposit fee of $100 dollars. Make checks or money orders payable to "International YMCA."

Which Adult Literacy course are you interested in taking at the YMCA Language Center?

☐ GED Prep/Basic Literacy ☐ Pre-TOEFL/TOEFL Prep ☐ Pronunciation/Accent Reduction

Please indicate your English proficiency level.*

☐ Beginner Level ☐ Intermediate Level ☐ Advanced Level

** To help determine your level, answer a few questions in our "English Language Proficiency Questionnaire."*

When do you plan to begin an Adult Literacy Program at the YMCA Language Center?

☐ Winter ☐ Spring ☐ Summer ☐ Fall Start Date/Year 01/01/2007

Name _____ _____ _____ _____
FAMILY NAME FIRST MIDDLE MAIDEN (MARRIED WOMAN)

Address _____ _____
STREET ADDRESS APARTMENT NUMBER

_____ _____ _____ _____
CITY STATE/PROVINCE COUNTRY ZIP OR POSTAL CODE

Home Phone _____ Work Phone _____

E-mail Address _____

☐ Male ☐ Female Date of Birth: January 31 _____
MONTH DAY YEAR

Education (highest level completed) _____ Profession _____

Other Language(s) spoken _____

Have you studied English (ESL/ESOL) at another institution? ☐ No ☐ Yes:(name) _____

What do you plan to do after completing the Adult Literacy Program course? _____

Please indicate your knowledge of English in with a check mark:

	Good	Fair	Poor	None
Speaking				
Understanding				
Reading				
Writing				

How did you hear about the YMCA Language Center? ☐ YMCA website ☐ Internet ☐ Referral ☐ Other

This is to certify that I am aware of the costs for the Adult Literacy Program at the YMCA Language Center. I have funds available as required. I also understand that tuition is not refundable after your first day of the course.

Signature of the Applicant _____ Date _____

Submit