

Residents of Wards 7 & 8, please fill out the following form:

NAME: _____

SPOUSE'S NAME: _____

AGE: _____ SPOUSE'S AGE: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

EDUCATIONAL LEVEL: _____

ARE YOU CURRENTLY EMPLOYED? Yes: _____ No: _____

WARD YOU RESIDE: Ward 7 _____ Ward 8 _____

YOUR REQUESTED NEEDS: (Please check all that apply:)

SEMINARS:

Motivational _____

Self-Identity/Reliance and Awareness _____

Parenting in These Days and Times _____

WORKSHOPS:

Social Studies _____

Spanish as a second language _____

Employment Training/Jobs _____

Adult Reading Program _____

Children Reading Program (Pre-K – 3rd Grade) _____

Entrepreneurship _____

CASE MANAGEMENT: Mental Health Counseling ____; Spiritual Needs ____

ALL OF THE ABOVE: _____

NOTE: Please return form to: The Sharon Laverne Community Foundation, P.O. Box 60094, Washington, D.C. 20039, or fax to (202) 636-3553. If you need to contact us, our phone number is (202) 832-0780, email address is slwilliams97@verizon.net, and our website is www.tsclcflove.org.

The Sharon Laverne Community Foundation is an equal opportunity organization valuing diversity