



## **APPLICATION**

### **HEARTLAND GIRLS RANCH TRANSITION PROGRAM**

## Contact Information

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

COUNTY \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENT/ GUARDIAN PHONE NUMBER \_\_\_\_\_

NAME OF COUNTY WORKER \_\_\_\_\_

COUNTY WORKER PHONE NUMBER \_\_\_\_\_

# General Information

1. Why are you applying to the Heartland Transition Program?
2. How will a Transition Program benefit you?

# Personal Goals

1. What are your educational goals?
2. What are your career goals?
3. What are the strengths that you have to help you meet your goals?
4. What are the barriers that could prevent you from meeting the above goals?



# Self Awareness

1. Describe yourself:
2. What changes and accomplishments have you made in your life that you are proud of?
3. What can you bring to the HGR community?