



Project Search Program Application



Project | SEARCH®

Date: <input style="width: 90%;" type="text"/>	Graduating Year: <input style="width: 90%;" type="text"/>
Current Teacher: <input style="width: 98%;" type="text"/>	
Program Preferred <i>Check one</i>	<input type="checkbox"/> Either <input type="checkbox"/> Childrens <input type="checkbox"/> University of Washington

Applicant's Information:					
Last name <input style="width: 95%;" type="text"/>			1st Name <input style="width: 95%;" type="text"/>		
Middle initial <input style="width: 20%;" type="text"/>	Preferred name <input style="width: 95%;" type="text"/>				
Home Address:	Street <input style="width: 95%;" type="text"/>				
	City <input style="width: 30%;" type="text"/>	ST <input style="width: 10%;" type="text"/>	Zip <input style="width: 15%;" type="text"/>		
Contact information:					
Home phone <input style="width: 40%;" type="text"/>		Cell phone <input style="width: 55%;" type="text"/>			
Email <input style="width: 98%;" type="text"/>					

Primary Contact/Guardian/Support Person	
Relationship <input style="width: 95%;" type="text"/>	
Name <input style="width: 98%;" type="text"/>	
Primary phone <input style="width: 45%;" type="text"/>	
Email <input style="width: 98%;" type="text"/>	

Demographic Information			
Birthdate: <input style="width: 95%;" type="text"/>			
	Month	Day	Year
Gender:	Male <input style="width: 20%;" type="text"/>		Female <input style="width: 20%;" type="text"/>
	Prefer not to say <input style="width: 95%;" type="text"/>		
	Prefer to self describe <input style="width: 95%;" type="text"/>		
Primary Language spoken at home: <input style="width: 98%;" type="text"/>			

DDA Information	
Check all that apply	
DDA Eligible <input style="width: 95%;" type="text"/>	
Applying for DDA 1st time <input style="width: 95%;" type="text"/>	
Reapplying/Appealing <input style="width: 95%;" type="text"/>	
I don't know <input style="width: 95%;" type="text"/>	
DDA Case Manager <i>(if known)</i> <input style="width: 98%;" type="text"/>	

Social Security Benefits	
Check Yes or No	
Are you receiving benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit amount	<input style="width: 95%;" type="text"/>

DVR Information	
Have you applied to DVR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Name of DVR Counselor (If known): <input style="width: 98%;" type="text"/>	

Please include the most recent list of volunteer and internship experiences or resume. Send applications via e-mail to smking@seattleschools.org and emmizwicki@seattleschools.org. Applications can also be sent via US mail to BRIDGES at 2410 E Cherry St. Seattle, WA 98122