

Threshold Program Applicant Questionnaire

Print name here

How did you learn about Threshold?

Why are you interested in this program?

Please list other programs to which you are applying.

Have you ever lived away from your parents? Yes No If yes, where?

How did you feel about living away from your parents?

School

What were your favorite subjects in school?

Why?

What subjects did you not like so much?

Why not?

Work

Have you ever worked? Yes No

Was the position paid or volunteer? Paid Volunteer

What was the best part of having a job?

What do you want to be doing five years from now?

Free Time

What are your hobbies and interests?

How often do you do things with friends? (Check one)

Once a month Once a week Several times a week

What kinds of things do you do with friends?

What are your favorite TV programs?

Do you read for fun? Yes No

What have you read in the last month or so?

Signature

Date