



Urban League of  
Essex County

**Supplemental Educational Services Program  
Tutor Supplemental Application  
2006-2007**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Site Preference: Please rank your site preference (1, 2, 3)**

\_\_\_ Newark

\_\_\_ Irvington

\_\_\_ East Orange

**Please place a check [v] next to the subject(s) you are strongest in:**

\_\_\_ Math

\_\_\_ Language Arts

**Indicate which grade (s) you would be interested in working with (circle selections):**

1      2      3      4      5      6      7      8

**Please let us know how you heard about the Urban League of Essex County Supplemental Educational Services Program:**

\_\_\_ Flyer (Please specify where: \_\_\_\_\_)

\_\_\_ Email

\_\_\_ Website

\_\_\_ Word of Mouth (Please specify who: \_\_\_\_\_)

\_\_\_ Other (Please specify: \_\_\_\_\_)

**Please list one work or academic reference:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_