*CENTRAL COLLEGE*

*UPWARD BOUND*

*812 University, Pella, Iowa 50219*

*1-800-527-4047*

*Fax: 641-628-5912*

***TUTORING FORM***

*This form certifies \_\_\_\_\_\_\_\_\_ hours of tutoring were provided in \_\_\_\_\_\_\_\_\_\_\_\_\_, as seen on the schedule below.*

*(subject)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***DATE*** | ***START TIME*** | ***END TIME*** | ***STUDENT BEING TUTORED***  ***(SIGNATURE)*** | ***TOTAL HOURS*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Tutor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Tutor is a:*

*\_\_\_\_\_\_ High School Student*

*Tutor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ High School Teacher*

*Tutor's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Other:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Tutor's Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Target School Coordinator Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_*

*Tutoring forms should be mailed at the end of the month or at the conclusion of tutoring, whichever is earliest. For on-going tutoring, we must receive tutoring forms on a monthly basis for budget reasons. Tutoring for Upward Bound students is available through May 15, 2014.* ***Forms for second semester must be mailed or faxed on/before May 16th, 2014.***