



MILWAUKEE URBAN LEAGUE GRADUATE TO EMPLOYMENT (GTE)

REGISTRATION FORM

STUDENT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: WI Zip: _____

Phone Number: _____ E-mail: _____

Race/Ethnicity (optional): _____ Gender (optional): _____

High School: _____ Grade: 9 10 11 12
Expected graduation date if applicable _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION (if under 18)

First Name: _____ Last Name: _____

Street /Mailing Address: _____ City: _____ State: WI Zip: _____

Phone Number: _____ E-mail: _____

Parent/Guardian Signature: _____ Date: _____

WORK HISTORY

Employer name _____ Job Title _____

Date of Employment: From ___/___/___ to ___/___/___

How did you find out about the GTE program? _____

How will you benefit from the GTE program? _____

Please return this form to Milwaukee Urban League ATTN: Maura Fitzgerald
435 West North Avenue
Milwaukee, WI 53212
OR email to:
mfitzgerald@tmul.org
For questions, call Maura Fitzgerald at 414.374.5850 x118

